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HOSPITAL MANAGEMENT

Vol. XI January, 1921 No. 1

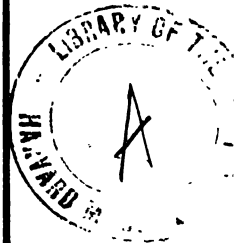
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Published on the 15th of each month at 417 S. Dearborn St., Chicago, Ill., by The Crain Publishing Company. Subscription price, \$2 a year. Entered as second-class matter May 14, 1917, at the postoffice at Chicago, Ill., under act of March 3, 1879.



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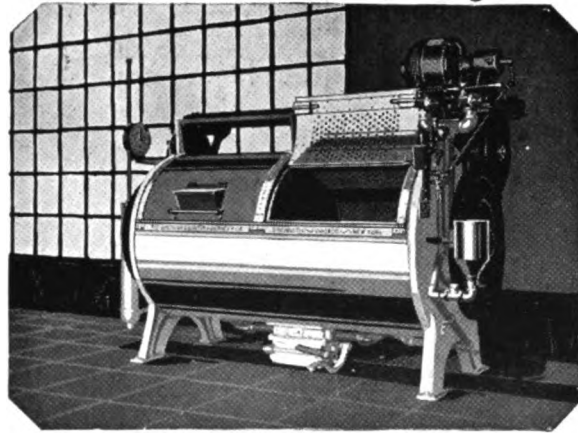
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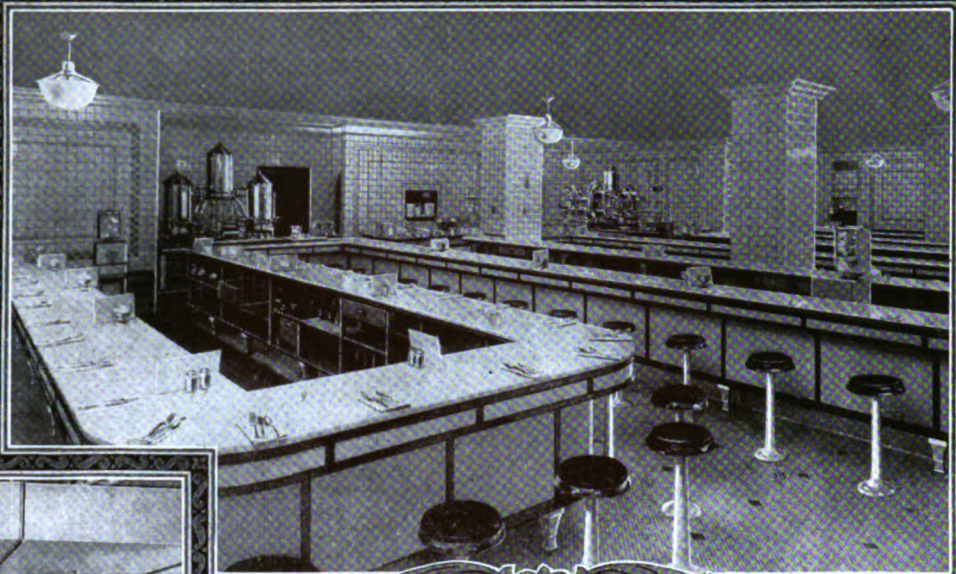
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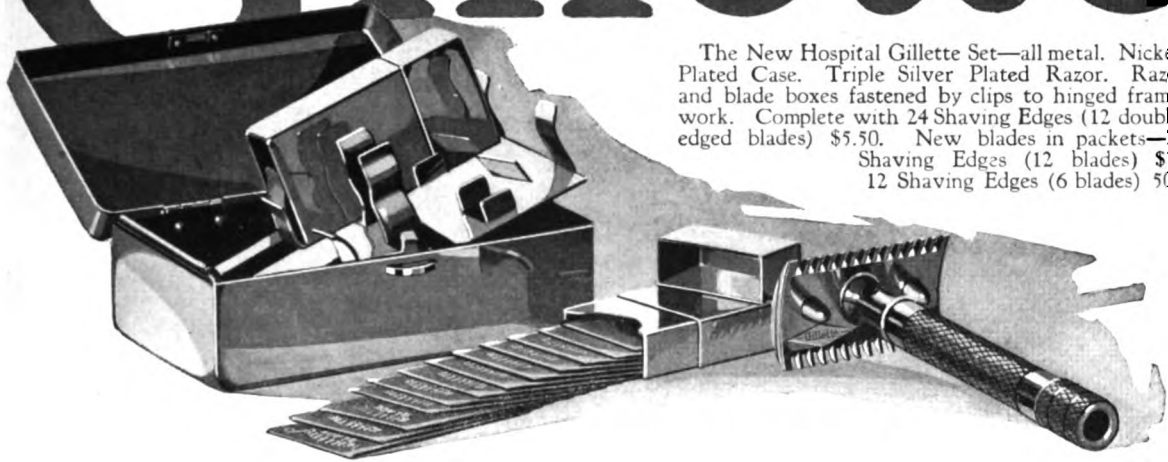
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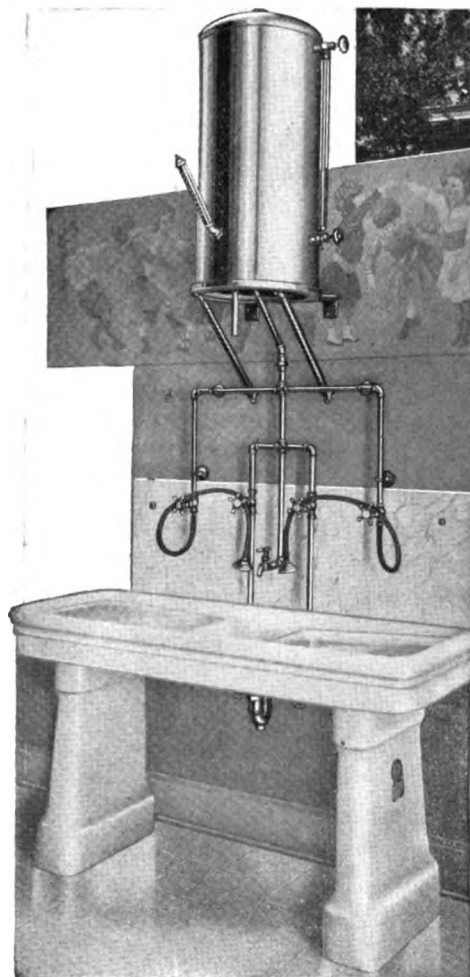
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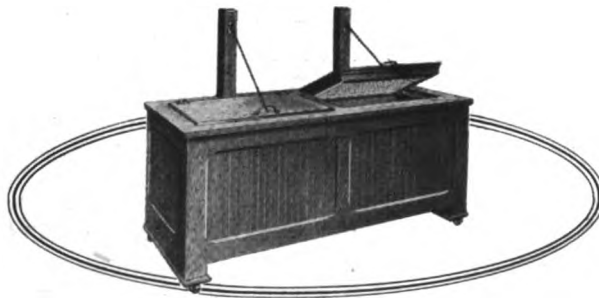
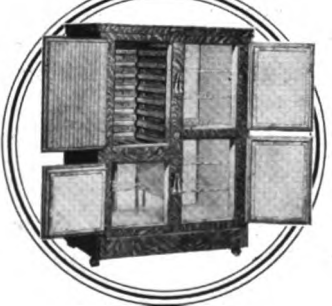
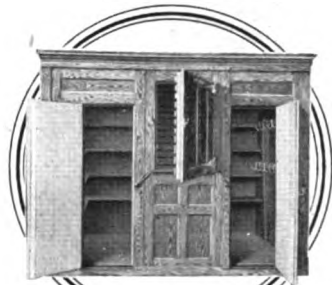
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The Slaughter of the Innocents

WHEN JESUS CHRIST came upon the earth, nearly two thousand years ago, to save all mankind, his mere coming seemed to interfere with the material interests of a few people of that period, notably King Herod, who promptly decided to dispose of this "interloper," and sent forth his soldiers with orders to slay all the children of two years old and under. Thus was consummated the most atrocious crime against innocent childhood ever committed up to that time. It has come down to us through all the ages in song and story, and master painters have pictured it on marvelous canvases.

Today passing in review, as we look out through the windows of our comfortable homes in this great and happy land, are three and a half millions of helpless children, the innocent victims of the greatest war that has ever afflicted humanity. It matters not, as we gaze in the direction of these children, that our eyes must stretch across three thousand miles of ocean, we can still see them and we can still hear them, if we wish to do so; and we can not help hearing the tragic appeal in their voices and seeing their tiny arms stretched out to us, and their searching eyes looking into our souls, as they say, "Help us, or we perish." And if we fail to listen to this great call of three and a half millions of God's helpless children; if we close our eyes and ears to this great demand of duty, we will be just as guilty of the "slaughter of the innocents" as was Herod, nearly two thousand years ago.

In these lands, swept by death and filled with tragedies too deep for tears, a sum of human suffering is being written greater perhaps than for all ages gone by. The mind grows numb and the heart sick from a constant recital of tales of such tragedy as it is difficult to believe the twentieth century could hold.

And so, when the call for help came from Mr. Hoover telling that America must not allow hunger and cold to return to this mass of 3,500,000 helpless children the soul of America was stirred and the hot blood surged up in our hearts. It is our imperative duty to use all the power God has given us to aid this noble-hearted American in continuing the work of saving human lives to which he has devoted unsparringly, and at great personal sacrifice, his tremendous energy and administrative genius during the past six years, in which time he and his American colleagues have administered two billions of dollars of relief funds from all parts of the world with a total overhead expense of only three-eighths of one per cent., without any remuneration to the American directors. Now he asks us all to help save the children who are in imminent danger of starvation this coming winter.

There they are, in the midst of wrecked homes, and farms, and factories; in cities crowded with masses of refugees without sustaining food for children, through the destruction of live stock; seeds for planting, raw materials, tools and machinery gone; great areas with everything burned, or looted, or smashed; vast unemployment for workers; no means of subsistence; a land of economic ruin, of mutilated life, and lingering death; and in the midst of it all—the little children.

In long lines they are waiting at the American food-kitchens. Will the food be there for them? Will they be turned away? There are no happy, healthy faces in those long lines—not one. You have seen rags and barefooted children, but never so many little boys and girls literally dressed in tatters. They are facing a winter of devastating cold, and for those bare little feet and legs and arms there is nothing at home to put on.

Hollow faces and shrunken bodies are so common that their real condition does not become evident until we inquire more closely, and then we find that most of them are from one to five years back in their growth. Children of eight years old have not reached the normal size of two and a half. They are just learning to stand alone. Others almost as old can not yet stand on their feet. Their arms, and legs, and spines, and chests are twisted and warped. The flesh and skin are shriveled on their bones. It is surprising that life can still exist there. If they can have food they will gradually regain their health and strength, but with most of them it is a question of now or never. Starvation and tuberculosis will not wait.

In Poland alone a million five hundred thousand such children must be cared for. In Latvia and Esthonia the people are living mostly on a diet made from potato-flour, oat-flour, and sawdust. In Czecho-Slovakia, in Hungary, in Austria, and in other countries of central and southeastern Europe,

two millions more are in dire need of food; and who stops to ask regarding creed, or race, or nationality, when a little child is starving? Children are just children the world over, and the great American heart is big enough to care for them all.

But the appeal now is not for all. The three and a half millions of children in immediate danger of starvation, if this organization fails, who *must* have food at once, are only a fraction of the total number. The hungry children of those destitute countries have been examined by competent physicians, and only those whose wasted little bodies are reduced to the minimum weight, and whose endurance of hunger has reached the end which merges into actual starvation, are admitted to the American kitchens and given *one meal a day*. It is hard to turn away thousands of hungry boys and girls—to hear them ask, pleadingly, "Do I weigh too much?" "Am I not thin enough?" "Can't I come any more?" But this restricting of food to the extreme cases is compulsory, because there isn't enough for all.

And these neediest ones can not reach the kitchens through the cold winds and the snow barefooted and in their pitiful rags which form only a partial covering for their bodies. They must have clothes. Each outfit consists of one pair of warm woolen stockings, one pair of boots, and a little overcoat. This one meal a day, and these boots, stockings, and little coats can be supplied *only if we give them*. If we do not, the slaughter of the innocents by cold and starvation will be appalling.

Among those who will read this page there is not one—there can not be a single one—whose heart will not respond gladly and eagerly to the challenge of this great need. We are asking *you* to cooperate with Mr. Hoover in raising twenty-three million dollars to feed and clothe these children and save them from death this winter. It can be done. It shall be done! This publication knows its readers and the deep earnestness, the quick sympathy, the great-hearted generosity they always show when any real human need calls to them. You have never been called upon in vain. We are counting on you now with a great confidence. We know, also, how truly you represent the American spirit, which beats in the hearts of over a hundred million people in this big land of plenty, a spirit which leaps ready at every such call, and is never weary in well-doing. We are not a hermit nation, isolated from the world, when suffering and want cry out to us from anywhere under the sun. A great, a beautiful, and heart-sustaining hope supports these stricken people—*America will come to their relief*. For in the far places of the earth, where famine stalks, one name and one alone is synonymous with rescue and hope—and that name is America.

The small individual unit of ten dollars will provide the coat and boots and stockings and one meal a day for one child this winter. We urge our readers—we urge *every one* whose eyes are on these words—to give quickly as many of these units as possible, to buy for themselves that precious and priceless thing, the life of a little child—as many of them as they can, and everyone will be a shining star in an eternal crown. It was the Divine Lover of little children, who came to earth as a little child, and who reigns now as the King of Glory, who said, "Inasmuch as ye have done it unto one of the least of these, ye have done it unto me." He does not forget, nor fail to reward.

Mr. Hoover, Chairman of the European Relief Council which has been organized to spread this great need before the American people, is asking twenty-three millions to save the lives of these little innocent children who are facing death. This European Relief Council includes among its workers the following organizations—American Friends' Service Committee (Quakers), American Relief Administration, Jewish Joint Distribution Committee, American Red Cross, Knights of Columbus, Federal Council of Churches of Christ in America, Y. M. C. A. and the Y. W. C. A. These organizations, led by Mr. Hoover, are banded together in this great cause for humanity to redeem the little lives and save the terrible toll of tiny graves by the hundred thousand.

Let us all see again what the Father's heart is like in this great rich land of America. Let us spring to the rescue, as true Americans always have done, and contribute to the extent of our hearts—for never was a need more urgent or help wanted more quickly.

Make your check payable to Franklin K. Lane, Treasurer, and mail it to the European Relief Council, 42 Broadway, New York City. Every dollar will go toward the purpose for which you give it without one penny deducted. Give, and give *now*.

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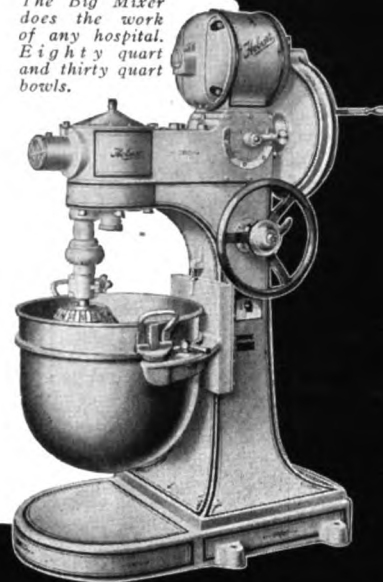
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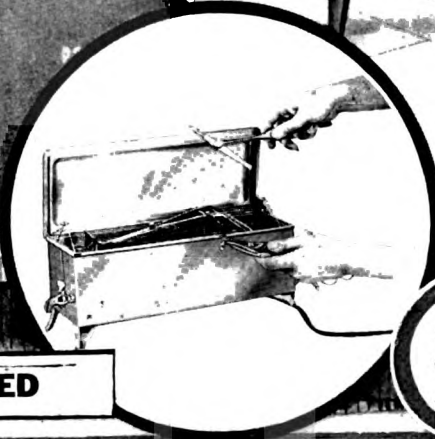
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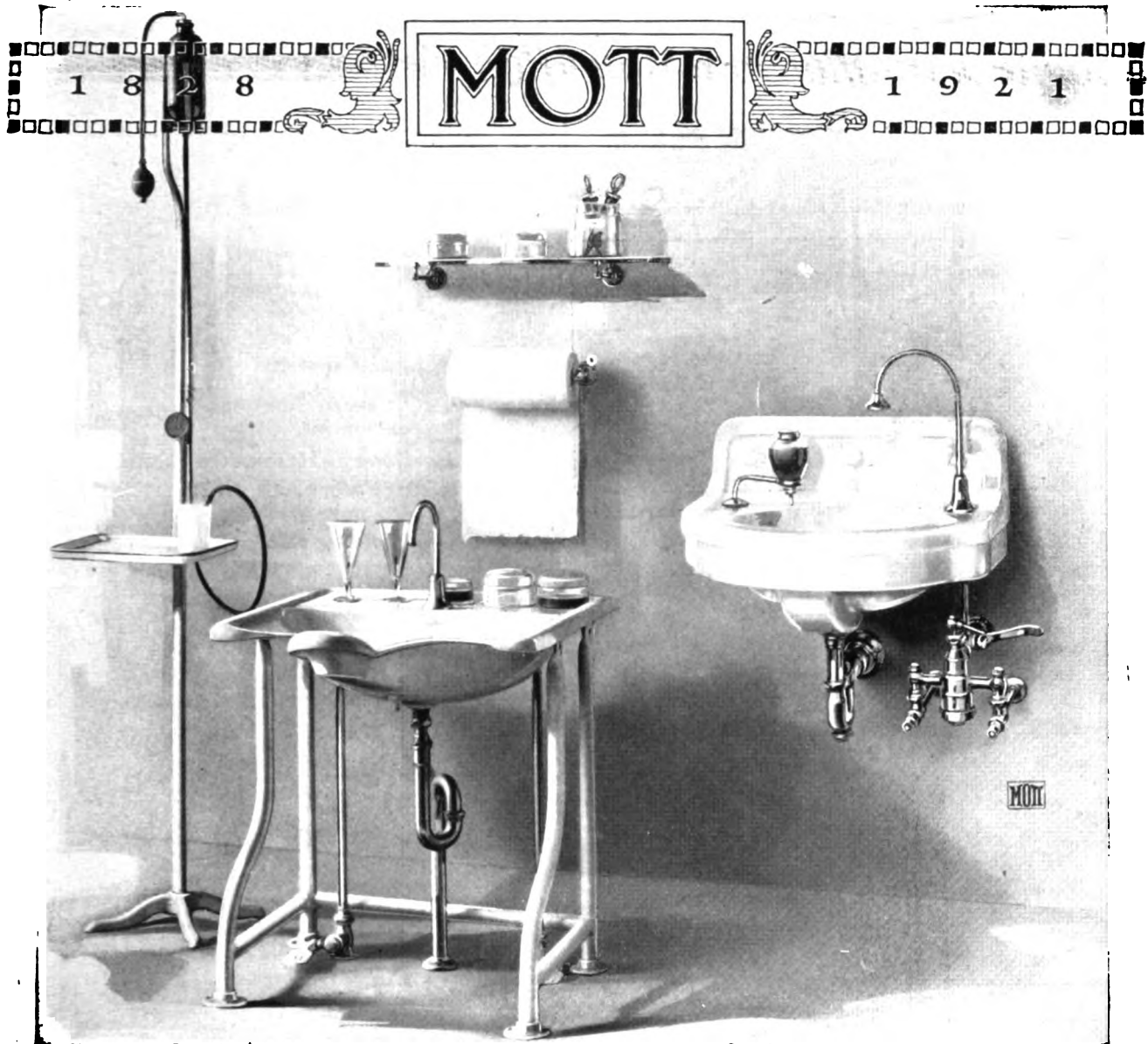
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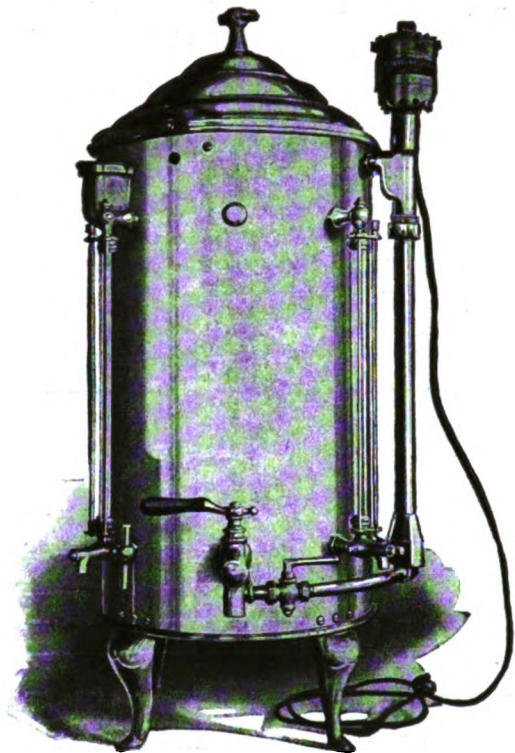
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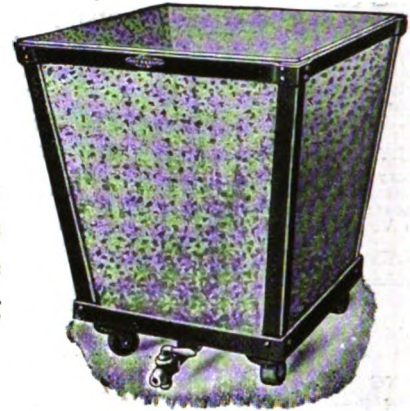
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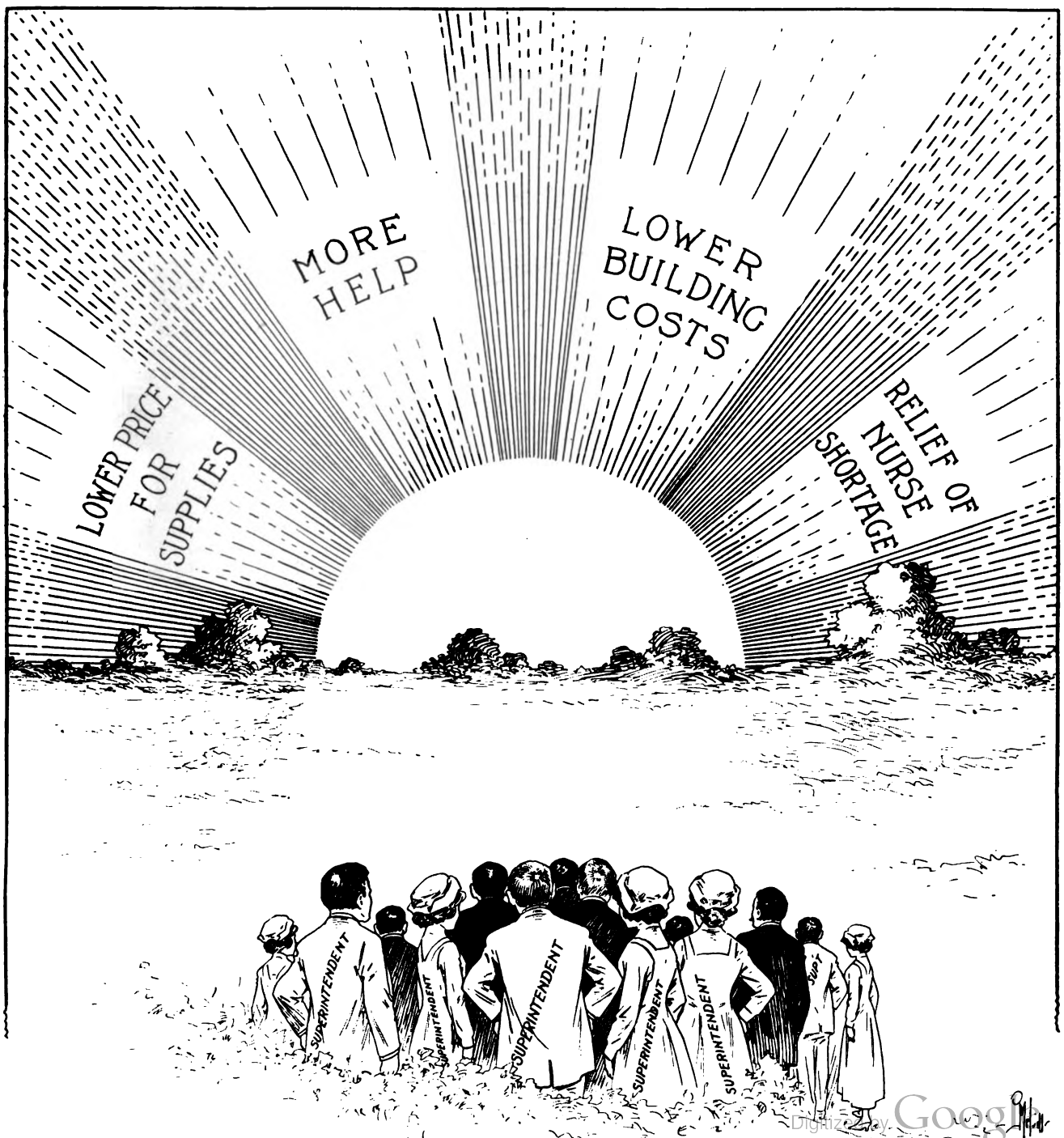
Vol. XI, No. 1
January, 1921

HOSPITAL MANAGEMENT

417 S. Dearborn
Street,
Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Why Hospital Executives Welcome the New Year



Some Hospital High Lights of 1920

Progress in Standardization, Sectional Organization and Expansion of Service Noted Despite Adverse Conditions of the Past Year

American hospitals made material progress toward their goal of better service for patients during the past year, according to observers in various parts of the country who have reviewed the activities of 1920 for HOSPITAL MANAGEMENT.

Noticeable advance was made in the establishment of numerous sectional and state hospital associations and in the adoption of the standardization program of the American College of Surgeons, while the individual hospitals not only made many improvements in their service, but frequently expanded it.

These various accomplishments in a normal year would have been a source of elation and pride, but their achievement in the face of the abnormal conditions of 1920 make them really notable.

The greatest handicaps of the hospitals last year were the exorbitant costs of labor and material and the critical shortage of nurse candidates. Added to these were scarcity of many necessary items of equipment and supply, even at any price, and, capping the situation, was the greatest demand for hospital service ever known. As one superintendent remarked, although business and industry were hard hit, the plight of either was not comparable to that of the hospitals. And in spite of all these adverse conditions, the hospitals came through with a notable record of achievement.

The new year promises relief in many ways, as already many indications of an increase in the number of pupil nurses are seen, and materials and supplies are much lower. Furthermore, labor is plentiful, with attendant efficiency and a better disposition to do its work. Many difficulties continue, however, including the high price of coal and oil, among other items, congested buildings, and the usual conditions incident to early stages of readjustment.

ADJUSTMENT OF WAGES

Dr. J. McLean Moulder, superintendent Bethany Methodist Hospital, Kansas City, Kan., writes that one of the most important problems hospital superintendents had to meet and overcome last year was the help problem and adjusting salaries that hospitals could pay. "We have reached the pinnacle, no doubt," he says, "and there will be a gradual re-adjustment which will be as difficult as the former. No salaried person likes to hear of a reduction and yet in the light of prospective developments, this will eventually follow.

"There has been during the past three years a dearth of young women who were willing to make the sacrifice in taking a full three years course of nurse training when the business world offered them opportunities that looked to them to be far more inviting, but that day is fast passing and we will soon be down to earth again in this regard."

"I found one of the difficult problems," he continues, "was the feeding of our patients and help properly and keeping the expense down so that the per capita cost of our patients was within reach of those who presented themselves for our services.

"Coal and oil have been so high during the past year that the heating of our building was a big problem, and unless there is a marked reduction in the price of coal and oil, a hardship is going to be the inevitable result of all institutions.

"There has been no department of our hospital but what has felt keenly the unheard of and highly inflated prices of all commodities entering into the operation of our institution.

To my way of thinking, no branch of business has been hit harder by these high costs, in fact, drugs and all kinds of dressing, bandages, and food stuffs, hospital help, etc., cost many times what we paid a few years ago."

"How is this re-adjustment to be brought about?" he concludes.

LOWEST PRICES REACHED.

Dr. Lewis A. Sexton, superintendent, Hartford, Conn., Hospital, and president, Connecticut Hospital Association, contributes the following interesting discussion:

"Of course the general condition of the business world, whether it be good or bad is reflected in the operative cost of the hospital. During the last few years many small enterprises have come into existence that will suffer during the cleansing process that is going on now and bids fair to continue until the goods and supplies that were bought at war prices have been disposed of. Just how much effect the sacrifice of these goods will have on operative costs will depend on how thorough the cleansing process is. The marked reductions which are being made daily in the price of many supplies are dependent on the acute demand for ready money. It is our opinion that when the present crisis is passed that many of these products will again advance in price, but not to any such levels as we have seen in the past two years.

"The downward trend in the price of supplies has been pretty general and we feel that the peak has been passed, but a careful survey of the situation compared with other reconstruction periods leads us to believe that the revision is going to be more gradual than the present slump would seem to indicate.

"Personally, we expect to continue a hand to mouth existence rather than stock up under the unsettled conditions—'watchful waiting' in other words.

"The curtailed production in many of the mills and factories with the consequent release of thousands of men has relieved the help situation. The increase in the number of days free treatment furnished last year over the year before is significant. We will undoubtedly be called upon to increase this service very largely next year, yet we do not feel that this increase will nearly equal the advantages which will accrue from the reduced cost in supplies."

NOTES SPIRIT OF SERVICE.

In the opinion of W. B. Bigelow, superintendent, Salem, Mass., Hospital, a significant feature of 1920 was the spirit of service, and the determination to make the good of the patient the first consideration.

The early part of the year saw a falling off in number of pupil nurses obtained, and great difficulty in getting graduate nurses and also in getting both male and female help, he asserts, but points out that since the early Autumn more pupil nurses are applying and help has been much more plentiful.

"So great is the call for graduate nurses in the public health and commercial fields, however," he says, "it is a question if the hospitals and private patients are not likely to be insufficiently provided for."

Another feature of the year, according to Mr. Bigelow, has been the development of the work done in the venereal disease clinics and the large numbers of hospitals which are accepting this work as a duty and doing it efficiently and thoroughly, notwithstanding the additional labor and cost

caused thereby, and the long standing prejudice against this class of patients.

"One of the most if not the most important problems facing almost all hospitals is the question of how to attract and keep more of the desirable class of young women in the ranks of nurses and to keep the training school supplied, and to meet the demand for graduate nurses. Different people have different remedies, almost, in fact, as many remedies as people, but no doubt some methods may be proposed which will be found to be helpful." is another comment by this executive.

Rev. Herman L. Fritschel, director, Milwaukee Hospital, Milwaukee, Wis., and president of the Wisconsin Hospital Association, notes among the outstanding developments of the year the establishment of closer relations and co-operation among institutions of the Badger state, the growth of the standardization movement and indications of some relief in the nurse shortage situation. He says:

CLOSER RELATIONS ESTABLISHED

"The progress in the sphere of the hospital activities in Wisconsin during 1920, as may be observed by those who are in a position to review the general field, may be stated briefly as follows:

"1. There have been established closer friendly relations and co-operation among the hospitals of the state. Heretofore they were not in touch with each other, except in a few localities. By the organization of a Wisconsin State Hospital Association in September at Milwaukee, representatives of hospitals from the different parts of the state were brought together and became personally acquainted and consulted together for the promotion of their work. This is only the beginning of a co-operation which we hope will prove helpful to the different institutions, whether large or small, throughout the state.

"2. The standards set by the American College of Surgeons have been met by a large number of hospitals, not only those above one hundred bed capacity and above, but likewise by smaller institutions. The educational campaign from the headquarters of the American College of Surgeons at Chicago has produced results, in improving hospital efficiency.

MORE PUPIL NURSES

"3. The dearth of recruits for the training schools of nurses, while not overcome, has been less distressing towards the latter part of the year. More applicants presented themselves in late than in spring and summer. The scarcity of nurses, however, still was felt at the close of the year."

Prescott H. Vose, president, Eastern Maine General Hospital, Bangor, also emphasizes the importance of the growth of the standardization movement in the following statement:

"It seems to me that a very important feature in the development of hospital work in America in 1920 was the progress made by the American College of Surgeons in its campaign for standardization. The interest of the patient is, of course, the most important thing and the staff co-operation or 'team work' encouraged by the standardization movement must certainly have far-reaching effects in the interest of better medical and surgical practice in hospitals.

GROWTH OF STANDARDIZATION

"That so many hospitals have, during the past year, advanced their methods and practice to the point where they are within the requirements of the minimum standard is cause for congratulation and a condition full of promise for the future."

Dr. J. C. Moseley, of the Moseley Hospital, Henderson, Ky., writes that he regards as the outstanding development the more general use of X-ray equipment, a wider knowledge of the advantages of radium and the continued growth of group work.

Southern Hospitals Active

Past Year Saw Opening of Many Small Institutions and General Increase in Facilities

By W. P. Morrill, M. D., President Georgia Hospital Association

[EDITOR'S NOTE: Dr. Morrill, who is one of the best known hospital executives in the South, recently resigned as superintendent of University Hospital, Augusta, Ga., to take charge of the Shreveport Charity Hospital, Shreveport, La.]

The year just closed has seen a crest in the tide of hospital development in the South. The period of high priced cotton, and the end of the war gave to the South an affluence not seen since the civil war, and created a demand for hospital accommodations never before experienced. This crest has been marked especially by the opening of many small private hospitals—both in those centers where a development of existing facilities would have been more advantageous, and in the smaller towns where no hospital facilities had before existed. In the larger cities many plans for increasing present facilities have been considered, some matured and a few actually realized, in brick and mortar.

The outstanding developments of the year have naturally been in those hospitals connected with teaching institutions. With the help of the General Education Board, Vanderbilt University at Nashville has acquired the partly built Gallaway hospital, and this is to become the nucleus of a highly developed teaching hospital as an integral part of the Medical Department, Vanderbilt University. It is expected that building operations will begin early in the summer, and the plans under consideration call both for modern construction, and administration and specialized adaptation to teaching demands.

At Memphis the reorganization of the Medical Department, University of Tennessee, has resulted in its acquiring control of the teaching facilities of the Baptist Memorial Hospital, and the Memphis General Hospital. The University is erecting a \$75,000 laboratory building on the grounds of the Memphis General Hospital, and the city of Memphis is planning a \$100,000 infectious disease pavilion on the same grounds.

The removal of the Medical Department, University of Alabama, to the State University at Tuscaloosa has resulted in plans for a teaching hospital in that city. Montgomery, Ala., has under construction a 150-bed hospital financed jointly by the municipality and private aid.

In Georgia the outstanding new developments are additions to the Harbin Hospital (private) at Rome, additions to the Davis-Fischer Sanatorium, and Baptist Memorial Hospital, both at Atlanta, and the announcement of a million dollar fund to be applied to the development of a teaching hospital for Emory College. It is announced that ground is to be broken soon for the first group of the hospital consisting of an administration building, a private ward building and a maternity building.

For 1921 the outlook is not bright, particularly in the Gulf group of the Southern States. Though enormously rich in raw materials, this section is not developed industrially, this leaving their main dependence on cotton. The depression felt throughout the country is much accentuated in this region due in large measure to the "crop-farming" system which has resulted, in the wholesalers, and jobbers in the medium sized cities, being forced dangerously near to the "barter" stage of commerce with much depreciated cotton as the medium of exchange. This has forced the south to adopt a cotton acreage reduction campaign, which will be a distinct hardship for the next year or two and any new hospital project not already financed will find small chance of accomplishment in 1921.

Endowments and bequests to hospitals are very unusual in the South, most of the hospitals above 100 beds being either sectarian or municipal. In either case they are maintained

Organizations Plan Greater Service

Hospital Associations Hope to Improve on Splendid Accomplishments of 1920; Program for Future Is Outlined

Hospital associations, generally, report satisfactory development in 1920 and look forward to greater usefulness and activity during the next twelve months, according to officers of a number of organizations who have summarized the events of last year.

The establishment of geographical sections of the American Hospital Association and of the Georgia, Wisconsin and Manitoba groups, among others, indicated the growth of sectional bodies, while among associations already in existence a marked increase in activity was manifest.

Membership also showed a satisfactory growth and attendance at the various conventions was further proof of the development of the organizations.

Outstanding features of organization work in 1920, with forecasts of 1921 activities, are thus expressed:

American Conference on Hospital Service

By Frank Billings, M. D., President The American Conference on Hospital Service.

The American Conference on Hospital Service with its hospital library and service bureau is now an accomplished fact.

To appreciate what this statement means it becomes necessary to point out the fact that until about one year ago many national organizations which were engaged in the attempt to elevate the standards of hospitals in the United States and Canada failed to co-ordinate or to co-operate in the work. In consequence there was duplication of effort with resulting misunderstandings, more or less discord and lessened accomplishment. Fortunately the membership of each organization contains sensible, broadminded and resourceful people, who conceived and organized the Conference at a meeting of the American Hospital Association held at Cincinnati in September, 1919. The purpose of the formation of the Conference was to secure as fully as possible co-operative effort in the improvement of hospitals and of service to the sick and injured.

The membership of the Conference consists of the following national organizations: The American Association of Industrial Physicians and Surgeons, American Association of Hospital Social Service Workers, American College of Surgeons, American Hospital Association, American Medical Association, American Nurses Association, Association of American Medical Colleges, Catholic Hospital Association of U. S. and Canada, Federation of State Medical Boards of U. S., Medical Department of U. S. Army, Medical Department of U. S. Navy, National League of Nursing Education, National Organization for Public Health Nursing and the U. S. Public Health Service. Other national organizations of the U. S. and Canada have applied for membership in the Conference.

The Hospital Library and Service Bureau has been organized and is located at 22 East Ontario street, Chicago. The library already accumulated much valuable material and ultimately will contain all available data on hospitals.

Within a year of the time of its organization the Conference and its library have become a going concern. The rapidity of its growth and its ready acceptance by organizations and individuals is an indication of its usefulness as an agency necessary to secure co-ordination and co-operation of all organizations engaged in the attempt to improve the standards of hospitals.

The Conference has adopted the principle that the *welfare of the patient and his adequate treatment is the chief obligation of the hospital*. Its policy is to encourage, co-ordinate and co-operative effort of all organizations engaged in the work of hospital betterment. The Hospital Library and Service Bureau will give information upon all subjects relating to hospitals to the members of the Conference and to the general public.

During 1921 the Conference will continue to be actively engaged along the lines enumerated under its adopted principle and policy. An instructive program is under preparation for the annual meeting of the Conference which will be held in Chicago in March.

American Dietetic Association

By Mary De Garmo Bryan, President American Dietetic Association

The general policy of the American Dietetic Association for the year will be that of internal development, of study of our problems as dietitians, of careful gathering of information which is essential to us and may be useful to others. We are anxious for the help of every member of the association in whatever field she be working—dieto-therapy, education, social service, or administration. Specific plans for the work of these groups are being drawn up by the respective section chairman, and will be presented to the association after the executive committee meeting on February 4.

American Hospital Association

By Andrew R. Warner, M. D., Executive Secretary American Hospital Association.

While the work done by the American Hospital Association in 1920 was in some respects satisfactory, the work not done, the realization of opportunities, the opening up of leads to usefulness, a clearer understanding of our mission and a better recognition of the possibilities in the development of the Association were the outstanding features and perhaps really represent the greater part of the progress made.

In the year there has been a further crystallization of the policies of the Association into one purpose and that can be expressed by one word—service. The Association exists because of the service it can render. It grows in value and strength only as it becomes able to be of greater service to the field.

The Association accomplishments of 1920 include:

1. Institutional membership became better understood, generally accepted and took on a healthy and permanent growth based on its own merits. Requests for application blanks are now coming in directly from the secretaries and other officers of the board of trustees.
2. There was a distinct increase in the number of personal memberships. The increase from trustees was especially marked. Twelve new life memberships were received.
3. The Association was incorporated in the State of Illinois as an organization not for profit.
4. Offices which are very comfortable and satisfactory were secured and equipped. The location seems ideal.
5. The use of addressograph plates for all communications with both the personal and institutional members was installed, thereby saving considerable labor and making it possible to send out frequent bulletins, etc.
6. The Association made a substantial contribution toward

the development and operation of the Hospital Library and Service Bureau organized by the American Conference on Hospital Service. From time to time bulletins will be issued by the library indicating the extent to which formation has already been connected and its availability directly through the library. In order that all may derive maximum benefit from the data, it is necessary that all give their co-operation in helping the library build up its store of facts. All should make reports promptly and carefully that the totals and deductions may be accurate.

7. Two service bureaus with paid directors were established. The Service Bureau on Dispensaries and Community Relations, with Michael M. Davis, Jr., 15 West 43d street, New York, as director and the Service Bureau on Hospital Social Work, with Miss Ida M. Cannon, Massachusetts General Hospital, Boston, Mass., as director. The Service Bureaus may also be addressed in care of this office.

8. A special committee, with Michael M. Davis, Jr., as chairman, made a survey of Hospital Social Service methods and organization, with funds received as a gift from a generous and interested individual. The report of this survey will be available shortly.

9. A program and policy of preparing and sending service bulletins to the institutional members was put into operation. A total of 26 bulletins were issued. The distribution of these was in some cases extended but little beyond institutional membership which limited the distribution to practically 500. Several other were more widely distributed and of one bulletin 5,000 copies have been sent out.

10. This office has made a special effort to secure any technical information desired by members and we are of the opinion that this article has been of real value. Every letter received has been answered in some way. Our general correspondence is growing rapidly. In 1920 the office used 22,000 letterheads and 38,000 envelopes. We will use more this year.

11. Although our Constitution has long provided for the recognition of Geographical Sections, this has not heretofore been done. In 1920 the Ohio Hospital Association was recognized by the Trustees as the Ohio Section of the American Hospital Association and the Wisconsin Hospital Association was recognized as the Wisconsin Section. It has become the policy of the Trustees to assist in the development of state hospital associations and on proper applications therefrom to recognize them as state sections. It will be readily understood that this policy brings to the hospital field greatly extended opportunities and those benefits which can be obtained through better organization.

12. The Trustees held four meetings with more than a quorum present at each meeting, and at two of these meetings every Trustee was in attendance.

The new year offers us again the opportunity to do, to grow and to develop greater strength and greater usefulness. The enthusiastic support and help of every member will contribute materially to the progress to be made and the accumulating and accelerating development accomplished through such a general support will push the Association far on the way to the rendering of greater service. Two items indicating progress are already assured:

Arrangements have been made for a contribution from a man interested in the subject to cover the cost of a study of hospital flooring. This study plans to collect and put into available form the present known facts in regard to the various types of floorings used in hospitals, together with worth while opinions as to the desirable and special usefulness of each.

At the January meeting of the Trustees the application of the Michigan Hospital Association for recognition as a Geographical Section of the American Hospital Association was received and favorably acted upon. Attention is called to the fact that members in the state of Ohio, Wisconsin and Michigan will hereafter pay their dues to the American Hospital Association through their respective state associations.

We are trying to make more of the Employment Service for Superintendents, Assistant Superintendents and Department Heads. Last year we were able to arrange for the employment of quite a number of persons, but this number was small in comparison to what it might have been if this office

had been informed of all existing and impending vacancies and of all members and other persons desiring other positions. Please send the word in this year. It helps all around to do so.

British Columbia Hospital Association

By H. C. Wrinch, M. D., Hazelton Hospital, B. C.,
President British Columbia Hospital Association

In July last year, the British Columbia Hospital Association held its third annual convention concurrently with the meeting of the Canadian Medical Association in Vancouver. The Hospital Association has "come to stay." Its annual convention is being found increasingly valuable by all hospital executives. Its value as a medium for exchanging ideas cannot be overestimated, and it invariably brings some light to bear upon the problem of the hour, no matter what it may be.

If one might be allowed to discriminate between the relative urgency of the many problems discussed, probably it would be found that the honors would be divided between matters of finance and nursing. The great majority of our institutions are small. They are often in remote isolated situations, where there is little opportunity for exchange of ideas, or of advising with larger or more experienced institutions. On this account, an annual opportunity of meeting in convention, is of greater value in this sparsely settled province than in more fully developed territories.

The impossibility of meeting financial requirements out of patients' fees is universally recognized. In British Columbia this source of income is supplemented by a per capita per diem allowance from the provincial treasury. But the onus of "making ends meet" still rests with each hospital's board of control, or management. Various measures are adopted to bridge the inevitable financial gap. Private benevolence, organized "drives," bazaars, charity balls, and similar spasmodic efforts are being used from time to time to reduce the constantly recurring deficit. This condition of constant financial stringency militates directly against highest efficiency, as the management only too often defers, or positively declines, installing necessary equipment, which they would gladly put in if financially free to do so.

The whole hospital field of British Columbia is a unit in the feeling that the ultimate financial responsibility should rest with the people as a whole, through government channels, rather than with each local managing board. This would necessitate thorough official inspection of the working methods of every institution, in order that public money be not squandered, and this also would tend directly to higher efficiency.

The public itself is coming to realize the reasonableness of making the hospitals a public utility rather than so many more or less private enterprises, and will support any reasonable measures towards that end.

The other problem of developing the source of supply of nursing force, is being met by raising the standard of training and the status of the trained nurse. A statute placing control of nursing standards in the hands of a regularly constituted council board, and a course of university training leading to a degree in nursing by the University of British Columbia, are quietly but effectually elevating the profession of nursing in the eyes of the public. This is the reply to those who would seek to make the calling of nursing attractive by lowering standards or abbreviating the period of

training. We believe the ultimate result will justify the course we are adopting.

Canadian Association of Nursing Education

*By Grace Fairley, Hamilton, Ont., General Hospital,
President Canadian Association of Nursing
Education*

The Canadian Association of Nursing Education has for its objects, "the advancement of the educational standards of nursing, and the development and maintenance of the highest ideals of the nursing profession."

During the past year, our effort has been concentrated on methods of publicity to meet the shortage of applicants to the training schools in several districts of the Dominion, and also an endeavor for greater co-operation with the departments of education, to encourage the right type of girls to continue their education so as to meet the requirements of the training schools.

The question of shortage of instructresses also has been taken up, and although McGill University, Montreal, has now a department of nursing education which it is hoped will mean a greater number of graduate nurses taking the course, yet for the immediate needs of many schools there is a shortage of specially trained teachers. One provincial department of education has made it possible for graduates who are interested in teaching to attend the classes at the normal schools on the "science of teaching." This is a precedence which it is hoped will be followed elsewhere, as it makes it possible for supervisors who for any reason are not able to take the university course to improve their methods of teaching, and in some cases fill in until the supply of qualified instructresses meets the present great demand.

Provincial and local chapters of the Canadian Association of Nursing Education also have been formed, and endeavor is now being made to increase membership, so that all subjects of institutional and administrative interest as well as training school problems may be discussed at stated times.

Kansas Hospital Association

*By G. W. Jones, M. D., Ph. D., President Kansas
Hospital Association.*

While not peculiar to this state, the most vital problem with which the Kansas hospitals are concerned today, and which both threatens our efficiency and challenges our power to survive the difficulty, is, the lack of student nurses. Many factors incident to war and post-war periods, have contributed to this scarcity of student material, but the one most effective in diverting into other channels, the hitherto steady trend of many of the best young women into the training schools, is, the absurdly high wage paid by commercial enterprises, to young women of little education and no training whatsoever. To this drain upon the student supply, the federal government has added much, by taking into the government service in Washington alone, more young women than are enrolled in all the nurses' training schools in America today.

This condition of affairs will not last indefinitely. Prices are coming down. Soldiers are returning to their jobs and positions. A house cleaning at Washington will soon send to their former homes many young women who may either enter training or re-enter commercial fields occupied by young women of no training and who in turn may look with a little more favor upon a field of endeavor holding greater opportunities to the best young women both to "make good" for themselves and bestow good upon humanity, than any other training accessible to her sex.

Kansas is fast becoming adherents of the "group system" and in many of our hospitals a class of work is being done

that compares favorably with the biggest clinics in the land. We are learning and we are growing.

It is too early in the year to outline the policy of the present officers of the Association, but we are sure of the hearty co-operation of all the best men of the State, and hope to have a program that will make for the best interests of the Association and the component members.

Catholic Hospital Association

*By B. F. McGrath, M. D., Secretary-Treasurer,
Catholic Hospital Association.*

Beginning its career in the year 1915 with a hospital membership of 42 and an individual membership of 25, the Catholic Hospital Association has gradually grown until now, at the beginning of the year 1921 it has for membership 453 hospitals and over 1,300 individuals, the majority of the latter being hospital doctors. The association has held five conventions: two in Milwaukee, two in Chicago and one in St. Paul. The attendance at the conventions also has gradually increased until the number reached over 1,000 at the 1920 convention.

From the reports of hospital observers, correspondence, and the active interest manifested throughout its field, the officers of the association are convinced that the primary purpose of the association's organization and work is being steadily realized in practical accomplishments. Hospital workers in general have recognized the need for the present day organized efforts in behalf of hospital betterment and, with few exceptions, are co-operating for the successful achievement of the end. The slogan of the Catholic Hospital Association is "hospital progress," which means endeavoring every day to improve, with a full realization of the fact that perfection shall never be reached.

While gladly co-operating with all others interested and engaged in the work of advancing the interests of suffering humanity, the Catholic Hospital Association clearly realizes that it has special functions, functions peculiar to itself, that give it an indubitable reason for its existence now and throughout the years to come.

Mississippi Valley Sanatorium Association

*By William Paul Brown, M. D., Mt. Vernon, O.,
President Mississippi Valley Sanatorium
Association.*

In the past, objections to sanatoria have crystallized about the lack of spectacular results promised twenty years ago. Today the sanatorium if run on progressive lines does not have to make excuses for its existence. County sanatoria operating without resident physicians are consequently inefficient, unpopular and a drawback to public opinion which might favor sanatoria properly staffed.

The outlook today points to the sanatorium as the center of the community's anti-tuberculosis endeavors, the headquarters for the country's free diagnostic clinics and the source of the much-needed educational endeavors aimed at the locality's general practitioners.

Sanatoria this year will be scrutinized closely with a view to rating for standardization and superintendents should attempt now to bolster up the weak spots in their organizations with emphasis on

Care and human-comfort of patient
X-Ray equipment
Staff meetings.

Those who would be progressive in furthering the value of the sanatorium are urged to give study to possibilities as follows:

Short post-graduate course for physicians
Teaching clinics in every township

(Continued on page 82)

Nursing Education Shows Progress

Rockefeller Foundation Survey of Training Methods and Development of Publicity Program Are Features of 1920

By Anna C. Jamme, R. N., President, National League of Nursing Education

Notwithstanding that the past year has been one of strain in hospitals and schools of nursing throughout the country, it has probably brought to those intimately concerned with nursing education some wholesome and valuable reactions. What has been closest to those engaged in hospital administration and the conduct of a school of nursing, has been the conviction that the time has now arrived for a readjustment of the training of student nurses and that the old order, established on a basis now obsolete, must pass. This has been evidenced by the limited number of applicants for the schools in every section of the country and more particularly in the larger and industrial centers. The old apprenticeship system whereby the hospital depended upon the students of nursing for the care of its patients and as well as for the entire care of the wards, has apparently ceased to function and the reaction against this system is shown by the continued lessened number of students.

SCHOOLS ON BETTER BASIS

The year has not passed without the inevitable controversies and conflicts of opinion regarding nurse education which has been characteristic of this work from its beginning and which the situation of 1919 and 1920 brought out with greater emphasis. Yet, despite this reactionary attitude, the schools on the whole at the close of 1920 were actually on a better basis educationally, notwithstanding the smaller number of students, than they have ever been.

The situation has demanded a critical study, working toward a reconstruction policy for nurse education. This study has been undertaken by a committee on nursing of the Rockefeller Foundation, which has been most searching in its investigation and is about prepared to recommend a definite policy and furthermore to actually demonstrate the working out of the policy in a given center or centers. The situation also stimulated the development of a piece of work which is being directed towards publicity and a giving out of more general knowledge of what is being done in schools of nursing with the ultimate end of bringing under its publicity plan a group of schools of standard requirements and methods of teaching which may be recommended to prospective students of nursing. This Central Council of Nursing Education which is located in Chicago also extends its operations into surrounding states. These two developments have had the most direct influence on nursing education the past year; one working on the line of ascertaining what is right and what is not right in the training of a nurse, the other on the line of publicity and supporting the work of the first.

IMPROVED TEACHING AND CARE

An outstanding development during 1920 has been the establishment of National Headquarters by the National Organizations of Nurses, namely, the American Nurses' Association, the National League of Nursing Education, the National Organization for Public Health Nursing in co-operation with the American Red Cross. This important step will serve to unify the work of the associations and the Department of Nursing of the American Red Cross. The headquarters at 156 Fifth avenue, New York, acts as a clearing house on information pertaining to nursing matters for the United States and as a bureau of exchange for positions in hospitals and in public health work.

While the year of 1920 was without doubt one of stress and anxiety for superintendents of hospitals and superintendents

of schools of nursing, the work of the hospitals and schools was carried on in a remarkable degree with even a notable improvement in the teaching and care of student nurses. The hospitals of the country owe much to these two important executives for their adjustment and courage so admirably demonstrated during this most critical period when it has been difficult, beyond reason, to secure the necessary assistance, professional and domestic, to care for the sick under their roofs.

The situation brought to the surface, as perhaps nothing else would have done, the defects under which the schools were conducted, and in many cases reforms were immediately inaugurated. The most fundamental related to the hours of duty for student nurses. The general sentiment is in favor of an eight-hour day and night, and where hospitals have been able by the employment of more graduates and more domestic service, the eight-hour system has been established. This may be said, and justly so, that it has been the crux of the situation and its immediate influence on the teaching in the school, the social life of the student, her physical well-being and not least, her mental and spiritual development. With the unreasonably long hours of ward duty now relegated to the past, attention can be directed to her needful instruction and general well-being, and she can enjoy the normal life of any professional student.

It is safe to say that the year has shown decided advance in methods of instruction and increased opportunities in obtaining good class work. The university courses have gone forward and the number of students slowly but steadily on the increase. There are at present eighteen schools connected with universities and colleges, with the combined five-year course and two others are in the process of forming.

HIGH SCHOOL AFFILIATION

What appears to be a coming development in the early training of the nurse is the affiliation with junior high schools for the preliminary studies. This is being done in three centers where students from the schools in the locality go each day for at least four hours for such subjects as chemistry, biology, anatomy and physiology, bacteriology, nutrition and cookery and in some instances nursing procedures. These students form separate classes and have the advantage of university trained instructors and the use of the laboratories and classrooms of the high school, all of which is carried at the expense of the local boards of education. During the period when students are having this work, they are on duty from two to four hours in the wards of their hospitals, thereby relating their instruction to their practice work.

There has been an improvement in classrooms and teaching facilities. It is now a rare instance when we do not find a demonstration room as well as a lecture room and as a rule furnished with exact equipment as used in the wards. This has undoubtedly been due to the number and better preparation of nurse instructors which has shown a marked increase during the past year. Now very nearly every school has at least one nurse instructor and in many cases two, one carrying the theoretical work, the other the practical and supervision of work in the wards. There has also been an increase in paid medical and lay lecturers over the voluntary system as heretofore maintained.

Hand in hand with the improvement in the hours of duty.

(Continued on page 86)

A. H. A. Convention at West Baden

Trustees Select September 12-16 as Date of 1921 Meeting; Sections on Dietetics and Mental and Nervous Cases

West Baden, Ind., and September 12-16 are the place and time of the 1921 convention of the American Hospital Association convention. These details were decided at the quarterly meeting of the trustees of the Association held at 22 East Ontario street, Chicago, January 10, when a number of other important matters also were acted on. These included the authorization of two new sections, a section on dietetics and a section on nervous and mental cases, chairman for which will be appointed later. The importance of these subjects in the hospital field made it advisable, in the opinion of the trustees, to have special sections concern themselves with their developments.

Seven of the nine trustees attended the meeting, over which Dr. Louis B. Baldwin, Minneapolis, president of the association, presided. Asa S. Bacon, Chicago, Dr. Louis H. Burlingham, St. Louis, Rev. Maurice F. Griffin, Youngstown, Richard P. Borden, Fall River, Mass., Robert J. Wilson, New York, and H. E. Webster, Montreal, were present. Dr. George O'Hanlon, New York, was prevented from attending through illness in his family, while Miss Mary M. Riddle was unable to leave the Newton, Mass., Hospital, of which she is superintendent because of a drive for funds that had just begun. Dr. A. R. Warner, executive secretary of the Association, acted as secretary of the meeting.

Other business transacted by the trustees included:

Acceptance of a gift of \$1,000 for the purpose of investigating hospital flooring and the appointment of Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, as director of this survey.

Adoption of a resolution recommending that general hospitals admit tuberculosis cases where proper conditions prevail for the treatment of such patients. This resolution was passed after a talk by a representative of the surgeon general, U. S. Army, on the necessity of greater hospital facilities for tuberculosis ex-service men.

Acceptance of the application of the Michigan Hospital Association for membership as a geographical section of the A. H. A.

Issuance of a cordial invitation to provincial and sectional hospital associations of Canada to become geographical sections.

An expression of appreciation of the work being done by the Protestant Hospital Association and the interest it has shown in co-operating with the A. H. A.

Approval of the report of the section on social service which recently completed a comprehensive survey.

The following standing committees were appointed for 1921:

CONSTITUTION AND RULES.

R. P. Borden, chairman, Union Hospital, Fall River, Mass.; Dr. R. B. Seem, director, Albert Merritt Billings Memorial Hospital, Chicago; Dr. A. K. Haywood, superintendent, Montreal General Hospital, Montreal, Que.

NOMINATIONS.

Dr. W. L. Babcock, chairman, superintendent, Grace Hospital, Detroit; A. B. Tipping, superintendent, Touro Infirmary, New Orleans; Miss Mary L. Keith, superintendent, Rochester General Hospital, Rochester, N. Y.

LEGISLATIVE.

F. E. Chapman, chairman, superintendent, Mount Sinai Hospital, Cleveland; Dr. R. G. Broderick, director of hospitals, Alameda County Hospital, San Leandro, Calif.; Pliny O. Clark, superintendent, Presbyterian Hospital, Denver.

MEMBERSHIP.

Dr. C. W. Munger, superintendent, Columbia Hospital, Milwaukee; Howard E. Bishop, superintendent, Robert Packer Hospital, Sayre, Pa.; Miss Myral M. Sutherland, superintendent, Mary McClellan Hospital, Cambridge, New York.

TIME AND PLACE.

Dr. L. H. Burlingham, chairman, superintendent, Barnes Hospital, St. Louis; H. E. Webster, superintendent, Royal Victoria Hospital, Montreal; Miss Mary M. Riddle, superintendent, Newton Hospital, Newton Lower Falls, Mass.

OUT-PATIENT.

John E. Ransom, chairman, superintendent, Michael Reese Dispensary, Chicago, term expires convention, 1922; Dr. Robert J. Wilson, director, health department hospitals, New York City, term expires convention, 1921; Dr. Alec H. Thompson, director, department of medical activities, American Social Hygiene Association, 105 W. Fortieth street, New York City.

STUDY OF STATE SUBSIDY.

Howell Wright, chairman, executive secretary, Cleveland Hospital Council, Cleveland; Dr. Winford H. Smith, superintendent, Johns Hopkins Hospital, Baltimore, Md.; Daniel D. Test, superintendent, Pennsylvania Hospital, Philadelphia, Pa.

Smaller Units Demanded

An outstanding feature of 1921 in hospital construction is the tendency to provide greater facilities for the care of the better class of patients. This tendency is stressed by Edward F. Stevens, of Stevens & Lee, Boston,

"In the new hospitals which I am now planning," says Mr. Stevens, "I have found that there is a general demand for a larger proportion of facilities for private and semi-private patients. I feel that this is brought about by the abnormal wage scale of the general mechanic and laborer. I do not feel, however, that we should allow this abnormal condition too seriously to affect our planning for the future, for the hospital demand is going to be just as great whether the man is earning \$2 a day or \$6 a day, with this difference: that if he is getting but the minimum wage, he must of necessity pay the least possible amount for his hospital care which can only be economically administered in the open ward. Therefore, I think it would be unwise as a general principle, to say that we should plan our hospitals only for private and semi-private patients."

As M. Stevens points out, however, a great advantage of smaller units is increased flexibility.

In discussing the past year, Mr. Stevens says:

"Perhaps the one department which has shown greater strides than any other is the Roentgen ray department. There is no question but the war and the necessities created at that time has developed the X-ray far beyond any other branch of the medical institution.

"It is also my opinion that development in hydro-therapy, electro-therapy and mechano-therapy has also been intensified as a result of the war.

"There is a marked tendency among hospital architects to standardize much of the equipment used in hospitals; and it is being recognized that plumbing fixtures, kitchen equipment, lighting fixtures and the like designed for hotels, and apartment houses are not equally fitted for hospitals and manufacturers are recognizing that they must design special apparatus for hospital purposes."

Hospital Construction During 1920

Unusual Material and Labor Conditions Greatly Restricted Building Program — Early Renewal of Activity Seen

By Carl A. Erikson, of Richard E. Schmidt, Garden & Martin, Architects, Chicago.

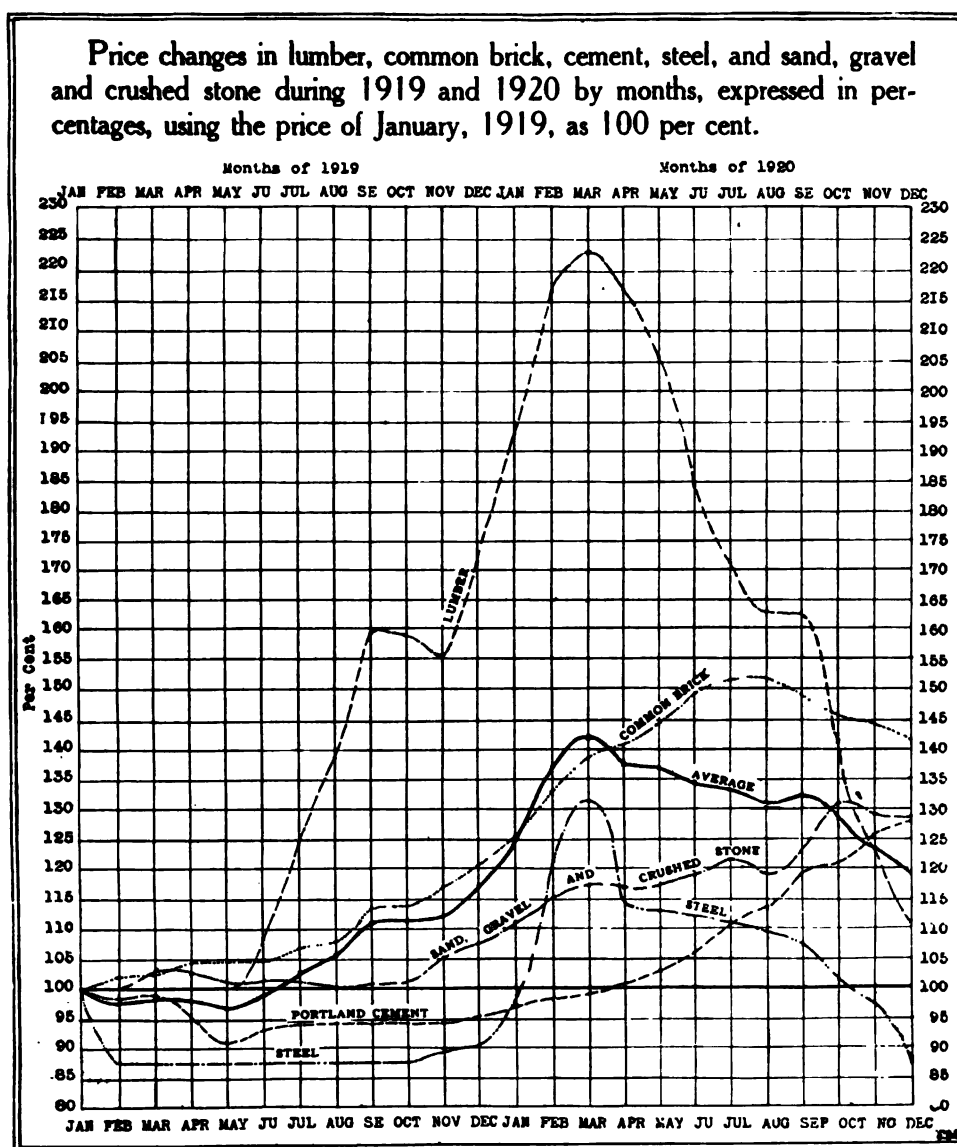
"Extraordinary and exasperating" fittingly describes the building conditions of the past year. Certainly not in the memory of living man has there ever been such an intolerable building situation as that of May, June and July of 1920 and never were the prices higher, nor the demands greater. The greater the obstacles, the greater the demand seemed the only principle. The "buyers' strike" coupled with high interest rates began to be felt in June and had completely anesthetized the building industry by December.

While costs of materials had not declined in proportion to that of many other commodities and labor rates had not been reduced appreciably—building costs had declined from 20 to 35 per cent below the peak prices by January 1, 1921. This curious anomaly may be more readily understood if it is borne in mind that the quoted prices of materials meant little during the peak of the building activity. "Spot" delivery meant premiums of 5 per cent to 75 per cent on much material; on other it meant expensive drayage by motor for

long distances, instead of the usual railroad haul out, prevented by embargoes or car shortage.

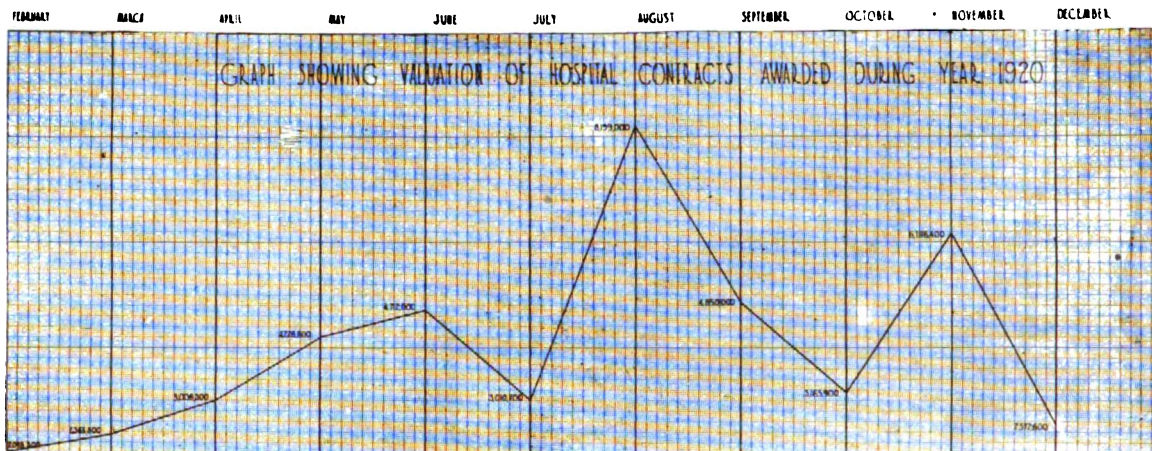
Frequently the lack of materials meant spasmodic operation by the contractors or very slow progress with a consequent increase in the overhead expense. In making lump sum estimates the contractors necessarily tried to protect themselves against their experiences of the previous year by including a large sum for "contingencies." Labor was not only unproductive, but very hard to get; in some communities "over-time" became the bait to tempt the too few workers from one job to another and back again. In the plethora of work offered them, contractors picked and chose the ones they wanted and named their own prices. It is the elimination of these items, the pre-war efficiency of labor, the slight decline in material prices, and the contractors' anxiety for work that have brought prices down so markedly.

Fortunately the peak of the hospital building for the year did not coincide with the peak of other buildings, and much



(Courtesy The American Contractor)

HOW MATERIAL PRICES HAVE CHANGED



VALUE OF CONTRACTS LET FOR HOSPITAL CONSTRUCTION IN 1920 BY MONTHS

of this has probably escaped the highest prices and the most exasperating building conditions. The rise in percentage of hospital contracts to the total of all contracts is especially interesting and illustrates again the patent fact that hospital funds are raised during times of great prosperity and expended sometime later, usually after the peak of business activity has subsided somewhat.

The statistic on hospital construction given are from F. W. Dodge & Co.'s building statistics for the states north of the Ohio and east of the Missouri and include contracts awarded for hospitals, institutions and homes. The total (for eleven months only), \$44,101,500 is so far from being stupendous that it might better be termed niggardly. If the average cost per bed were set at the low figure of \$1,500 it would mean an increase of 29,401 beds. It would be most interesting to compare this with the total population in similar institutions on January 1, 1920, the fire depreciation and other losses for the year, and with the estimated increase in population in order that one might judge whether the growth of these institutions had kept pace with the normal increase in population. Unfortunately there are no reliable statistics in regard to the bed capacity of these institutions, but it seems evident that the increased facilities scarcely keep pace with the increase in population.

Other phases of the building problem affect hospitals very directly and intimately. The acute housing shortage has not been relieved during the past year, on the contrary it is probably worse than at the beginning of 1920. One authority states that there were 20,000 homes built in 1918, and 70,000 in 1919 and yet there were 600,000 marriages in 1918 and 1,000,000 in 1919. Statistics are not available for 1920, but it is doubtful whether 110,000 were built in 1920. Inadequate

and improper housing mean overcrowding with its attendant disease. It means a heavier burden thrust on the hospital from the greater sickness; it also adds a further burden because of the difficulty of caring for the sick in these overcrowded quarters.

The coming year will find the strings on the money bags even more tightly drawn than usual and yet the hospitals must meet the increased demand, a choice to which they are becoming rather accustomed. Much has been done to relieve the situation by speeding up the movement through the hospital, by shortening the time of idleness of wards for cleaning, etc. Where these remedies have already been tried, there remains only one solution, to build.

EARLY ACTIVITY PREDICTED

The present stagnation of the building business will probably not continue beyond the early spring, and it seems certain that it will not outlast high interest rates. When funds for building purposes are again available on a 6 per cent basis the dormant projects amounting to hundreds of millions will begin to move. This will rapidly take up the slack and raise prices again though not to last year's figures. Hospitals with building funds should be prepared to proceed at an early date in order to anticipate this rise in prices. Those without funds

should carefully canvas their needs—the needs of the community and the possibilities of making more effective use of their buildings through minor alterations or rearrangements and through an intensified use of the existing buildings. A definite building program should be mapped out. With a tangible program and a clearly demonstrated need the funds will, no doubt, be forthcoming.

To Stimulate Building

Hospital executives will be interested in the announcement that a mass meeting of lumbermen and building material dealers that has been called for Chicago, January 21 and 22, by the National Lumber Manufacturers' Association for the purpose of endeavoring to promote an early restoration of building activity and reduction of unemployment.

Begin Construction at Denver

Construction of the buildings of the Presbyterian Hospital of Colorado at Denver was begun December 21 and it is hoped that the main building of 150 rooms will be ready for occupancy in the fall. Pliny O. Clark is superintendent of this institution.

Opens Baby Clinic

The Nathan and Miriam Barnet Memorial Hospital, Paterson, N. J., has opened a baby's welfare clinic. Dr. Israel Feigenoff, who will be in charge, will deliver lectures to the mothers on baby's feeding and observe the general development of the baby. Babies will be weighed on each visit. In January, this institution will open a state night clinic for venereal disease, with Dr. I. Pillar in charge.

	1919	1920	1919	1920	1919	1920	1919	1920	1919	1920	1919	1920
BOSTON	\$18.75	\$29.40										
NEW YORK	\$27.75	\$27.60										
PITTSBURGH	\$16.10	\$19.50										
DETROIT	\$15.00	\$21.35										
CHICAGO	\$11.93	\$15.25										
NEW ORLEANS	18.40	\$25.77										
ST LOUIS	17.00	\$20.90										
ST PAUL	16.50	\$22.90										
KANSAS CITY	16.25	\$21.40										
DENVER	14.35	\$16.40										
SEATTLE	16.00	\$18.54										
SAN FRANCISCO	15.00	\$16.09										

(Courtesy The American Contractor)
PRICES OF COMMON BRICK, 1919-1920

Efficiency in Building is Demanded

Crises Following War Awaken Hospitals to Necessity of Properly Planned Structures to Conserve Time and Labor

By Perry W. Swern, of Berlin, Swern & Randall, Architects and Engineers, Chicago

The beginning of the year 1920 found the hospital directors in the same position in which they had been for the last three years, namely, shortages of labor and all kinds of materials, a seller's market with rising prices. Something happened in the month of September and right shortly thereafter the situation started to change, and we now find ourselves emerging into a new market and state of affairs which will probably settle down to a pre-war condition. The change has been fundamental and we cannot expect the adjustment to take place within a few weeks or even months. A resume of the effects of this period of high prices on the hospital business and what part they will play in the future is very important at this time.

Practically every hospital has been forced to devise ways and means to increase its efficiency and thus keep the two sides of the ledger in some sort of harmony. The trials have been many and the experience bitter in some cases, but it seems to take a sharp hump to bring a situation to a focus. Experience is a good teacher and it is believed that from now on hospitals will profit by the lessons learned and not drop back into the old ruts. The new methods have proved their worth, and thus we emerge into the new era with business ideas gained through a hard rub against a cold business world.

Before the war hospitals, from a business standpoint, had the reputation of being the poorest managed business in the country. There have been many reasons for this, and if it were not for the exorbitant prices of supplies, labor and new buildings which have brought the hospital face to face with a problem of life or death, the old standards might have continued for sometime to come.

High prices did not destroy other lines of business, hotels for instance have been most prosperous, the question was why did the high price conditions strike such a vital blow to hospitals? Simply because they were not run on a business basis. Their expenses increased and their income was almost stationary. Other businesses do not play such a losing game and there was only one thing left for the hospitals to do and that was to adopt business methods.

The adoption of these new methods opened up entirely new fields to the hospital directors. They began to see enormous waste and extravagance in their old systems of operation. The principles of efficient management came before them and they began to apply them with very encouraging results. This success called for more study and energy along these lines and many directors began to realize that the physical arrangement in their buildings and lots of the old ideas about hospital planning were fundamentally wrong and the cause of wasted energy and supplies.

Such men as Asa S. Bacon, superintendent, Presbyterian Hospital of Chicago, have realized these facts for many years and have been applying them, and preaching them wherever they had the opportunity. But it took a crisis like the last couple of years to make the adoption of efficient methods general.

Now what does all this mean to the hospital of the future? Each and every new hospital will be laid out from an entirely different view point than in the past. It has been the custom for years for a board of directors to select an architect (usually one unfamiliar with the hospital business) and

then to travel around inspecting old hospitals, with the result that each new building was a collection of ideas that had no basic principles to support them and the result was a cumbersome building, costly to operate and very inefficient. The view point of the new era is purely a business proposition. The work that is to be done in the building is scheduled and summarized, and the best system of routing and handling the work is graphically laid out, just as a factory routes its products through the various production steps. Where lost motion or wasted energy is found it is eliminated. Of course the psychology of the patient is kept in mind and nothing is done that does not lead up to one thing that a successful hospital stands for, namely the quick recovery of the sick at the lowest possible charge.

These efforts have produced some striking new facts. The nursing radius can be materially shortened, increasing the nurses' efficiency, and making the general floor nursing sufficient for the average case. Everyone knows what a bane the special nurse is to a hospital. The cooking and distribution of foods and supplies can be simplified with a resultant saving in the volume consumed. Above all is the fact that the actual cubic contents of the buildings per bed capacity can be reduced, thus saving initial construction, maintenance and operation costs and still give the patient the 100 per cent service which is every hospital's slogan.

Another factor that has been driven home by the war and the accompanying high costs is the great advantages of group medicine. It is efficiency from the medical view point and a step up in the service to be rendered to the general public. The accommodation of this service is part of the hospital's function and every hospital, no matter how small should take this work into consideration. The doctors with war service are very insistent on this, having seen the wonderful results of specialization in their government work.

We are now on a declining market and the question of the hour is when will the bottom come. This is hard to forecast, but it is very evident that the depression will be short lived due to the enormous shortage of all classes of buildings. The old rule of supply and demand will start the prices up again.

The organizations that get their preliminary work behind them and have their plans well in hand when the bottom comes will be in a most favorable position and can let contracts considerably below the prevailing prices for the next few years.

Stephens A. C. S. Director

Harold M. Stevens, former county prosecuting attorney and district judge in Utah and a resident of Salt Lake City, has tentatively accepted the directorship of the American College of Surgeons, succeeding John G. Bowman who resigned to become chancellor of the University of Pittsburgh, according to Dr. Franklin H. Martin of the college. It is hoped that arrangements can be made whereby Mr. Stephens will permanently direct the program of hospital standardization. Mr. Stephens is 34 years of age and has degrees of A. B., Cornell, and LL.B., Harvard. He has already attended a number of state medical meetings in relation to the promotion of hospital standardization.

Development of Hospital Dietetics

Greater Recognition of Value of Dietitian, Reorganization of Food Service, and Increased Co-operation from Staff Mark 1920

By Rose Straka, Dietitian Presbyterian Hospital, Chicago

The outstanding features of hospital dietetics in the past year were: The greater realization of the necessity of maintaining trained dietitians on the hospital staffs to supervise the food departments; the reorganization of the system of handling food toward more direct and efficient lines; greater co-operation between members of the staff with those of the dietary department; indulgence in specialization or research in various phases of abnormal diets.

The tendency to give the dietitians more recognition is a very gratifying one. Especially do we find more of our smaller institutions demanding trained women to supervise their food departments. While these smaller hospitals feel that it is necessary to employ a dietitian, there always arises the question as to how far her scope of work should extend. For this it is hard to lay down any rules as much depends upon the individual's ability and the general organization of the hospital.

The dietitian should be allowed to supervise all of the food department, which should include buying of food; supervision of food for patients, staff and nurses and hiring of the help in her department. The extension of her duties to those of a housekeeper depends on the institution. If the dietary department is well organized and developed, there should be plenty of opportunity there to keep her occupied if she cares for scientific work. Otherwise the institution management proper may receive the major part of her attention.

DEMAND EXCEEDS SUPPLY

There continues a greater demand for dietitians than can be supplied. This may be accounted for by the following reasons: In the first place, the demand is unusually great, second, college graduates are going more into the teaching field since the salaries of that profession have been increased; again, all institutions are demanding people with experience in hospital practice, but too many of our larger institutions have not made provisions for training student dietitians. Most college graduates are reluctant to spend six months as student dietitians. The course of training probably should be cut down to four months unless a very extensive curriculum is offered. Hospital dietetics generally will have to be made more attractive if trained women are to be retained. More time should be allowed for research, library privileges, institutional trips, attendance of special meetings and the instituting of standards which the dietitian demands, in order to keep her interested. If this is not done, our young women will leave for other fields of specialized dietary work or go into commercial work where there is greater independence and remuneration.

The problem of reorganization is a very interesting and necessary one. The food service in most hospitals has always been too indirect. There is not enough concentration of supervision to allow for efficiency and results. The standardization of ordering food for patients is a very important point that should receive consideration, also, as it would mean economy in time and money without necessarily harming the right of the patient to demand what he wanted to eat. The use of a la carte menus for private room patients has been much discussed. If these are not too elaborate their purpose serves very well. However, it is the duty of the dietitian to instruct the patient to eat what is best for him, rather than allowing him to choose. Menus that are care-

fully made out give the patient a wide variety with a minimum of monotony.

CENTRAL SERVING SYSTEM

To those who are anticipating the construction of new hospitals, I would advise that they do not follow the old plan of having food served on every floor, but have it all sent from a central serving place, which is the diet kitchen. The latter should be situated near the general kitchen so that unnecessary distance between the two, in conveying food, will not be covered. Both could also use much of the same equipment. While the latter plan of serving food is not in vogue in a great number of our larger and older hospitals, it is recognized as the best by these institutions, wherever reorganization is possible even in these, it is being done.

In establishing a central serving place, the same principle can be used as is applied in cafeteria practice. Counter service would, however, need to be somewhat transposed. The counter should be long in order to allow for the direct passing of trays to the elevator. The trays would be numbered according to the room numbers and stacked in systematic manner for use. The carrying of one tray through the system would be somewhat as follows: (It would be impossible, and inadvisable for various reasons, to have the trays all "set up" before the service of food is started. Consequently it would be necessary to assign one person to that duty. The tray being set as it is needed.) Working from left to right "A" would put on the tray cover, napkin, silver, sugar bowl and cream pitcher, salt and pepper shakers and glass for the water. The hot things should be served next. The tray passed to "B" who places on the soup and one or two hot hot vegetables as is necessary. Next to "C" who places the dinner plate with meat and potato. Next to "D" who places on the salad and relish. Then to "E" who serves the fruit, butter and rolls or bread and last to "F" who serves the desserts and beverages.

DIETITIAN CHECK TRAY

The tray is then checked by the dietitian before it is slipped on the elevator. This requires six nurses to serve these trays. If necessary the number could be reduced to four depending on the number of trays to be served in an allotted time and the speed with which these people could execute their duty. In order to follow all these trays easily, a black-board permanently ruled should be constructed on the wall in front of the counter with the patient's room number, the name and type of diet being changed as the occupants of the rooms change. The order should be plainly written so as to be easily learned. All full, light, soft, liquid and only special trays with minor modifications could be run through in this manner. Very special trays should be classified and assigned to specific nurses, one nurse serving all the diabetic trays, another trays for bowel management, etc. Shifts would be made so that each nurse would be able to receive instruction in all phases of the work.

In order to be serving all the floors at the same time, one would need to divide the rooms into groups. For instance, in group one include rooms 231, 232, 233, 234. The same rooms on third, fourth and fifth floors. Start with 231 and carry through group one to 235. Then return to group two, starting with number 235. Continue until all are served. Special trays, not to be served at any specific hour, could be placed

on the elevator as necessary so that all trays could run in order. The tray on its return can be rechecked by the dietitian who will observe how much food has been consumed. Food waste may be eliminated in this manner to a very great extent. Larger or smaller servings of food could be ordered, or the omission of foods not eaten by specific individuals. The return of silver, linen and china would also be observed.

It would be the duty of the dietitian who checks the trays to visit the patient at least on alternate days or consult with the supervisor of the floor in regard to the patient's food to keep the latter satisfied. The keeping of records of food utilized and for what means could be easily followed by the use of the above system of serving food. Mid-meal nourishments of all types would also be sent from the diet kitchen. This one serving section with one fast running elevator, (revolving shelf type) should serve one hundred and fifty patients or less and would be sufficient for a hospital of that capacity. For a larger institution, the serving sections would be increased according to the number of patients.

TWO IMPORTANT POINTS

In gaining efficiency however, there are two important things to be remembered. One is not to lose sight of the patient's viewpoint, and the other, not to sacrifice the instruction work of the nurses in training.

Co-operation is being rapidly gained among all those concerned on the staffs whose work is touched to a greater or lesser extent by hospital dietetics. The doctors are becoming more willing to receive assistance from the dietary department. Dietitians in receiving more scope in their work, are becoming more interested in special types of dieto-therapy and are doing some research work.

On the whole, the progress in hospital dietetics is very encouraging and in time will reach its proper and desired standard.

Dietitians Hold Election

Chicago Association to Choose Officers at Annual Meeting on January 21

The Chicago Dietitians Association will hold its annual meeting and election of officers at the Chicago Beach Hotel Friday evening, January 21. An interesting program is being arranged in connection with the balloting and members are urged to bring a guest if they choose. Miss Rose Straka, dietitian, Presbyterian Hospital, 1750 West Congress street, secretary of the association, is handling reservations.

The December meeting of the association was held at the Hospital Library and Service Bureau, 22 East Ontario street, on the 17th. There was no formal program, but the time was spent in discussing plans for the new year.

In addition to Miss Straka, hospital dietitians who are members of the Chicago Association include:

Hazel E. Chambers, Michael Reese Hospital,
Lulu Winans, St. Luke's Hospital,
Margaret Holden, Henrotin Hospital,
Mary Kelly, Chicago State Hospital,
Lillian Karns, U. S. Public Health Hospital,
Gertrude Achmig, Evanston Hospital,
Alice Patterson, Mercy Hospital,
Breta Luther, Cook County Hospital,
Elizabeth Tuft, Wesley Memorial Hospital,
Loretta Scanlan, Illinois Central Hospital,
Mabel Carter, West Suburban Hospital,
Ruth Cornman, U. S. Public Health Hospital.

Sanger Is Superintendent

Homer F. Sanger who for several years was connected with the directory department of the American Medical Association, has accepted the superintendency of the Central Free Dispensary, 1744 W. Harrison street, Chicago.

English "Food Supervisors"

British Hospitals Recognize Value of Dietitians Since War Attracted Attention to Them.

[EDITOR'S NOTE: The following from *The Hospital Gazette*, London, is of interest to hospitals of this country, since it shows that England also is beginning to realize the value of the hospital dietitian.]

Appointments of food supervisors in hospitals in this country have not been so numerous as similar positions in America. Indeed, it is only since the war that the question of their usefulness has attained to any degree of prominence. The vast changes which the war has brought about in the prices, and even in the quality, of food commodities, the unprecedented increase in wages, and the cost of kitchen equipment and requirements, make any comparison with pre-war standards odious and well-nigh impossible. Therefore the food supervisor has an unique opportunity of making himself or herself, an indispensable member of the administrative staff of the hospital.

In America, the "dietitian" seems to be coming, if not into her own, at all events, into a position which ranks almost equally with that of the highest members of the executive. Indeed he or she, and generally it is the latter, is being regarded as the new member of a team which has hitherto consisted only of the trustee, the doctor, the superintendent, and the superintendent of nurses. It is quite clear that the "dietitian" is not regarded merely as the head of the kitchen, whose duties consist in supplying and preparing the food to be used in the wards. She has to have sound knowledge of the dietetic value of food, and such knowledge has to be not only theoretical but intensely practical. She must know how food should be prepared in the most economical and attractive manner without detracting from the nutritional value.

In this connection two contributions to HOSPITAL MANAGEMENT are of great interest. Miss Bertha M. Hyde, dietitian of the Cincinnati General Hospital, thinks that "ideally a general hospital should have a head dietitian with assistants in charge of the diet kitchen, the nurses' home kitchen, and the contagious hospital kitchen, if there were one." Under her should be a well-paid responsible chef, capable of managing the main kitchen. The dietitian should plan all menus and order all supplies, giving as much attention as possible to the patients' diets. She should be in the ward to see that the meals are served to the best advantage and that they are served hot. The preparation of special diets should be carefully watched, and patients receiving these diets should be visited, in order that she can make herself conversant with the condition of the patient, his individual tastes for food, etc. "She should keep in close touch with all phases of her work in both preparation and service of food, be alert to meet any complaints, and always ready with new ideas in order that there may be variety in menus, intelligence in diet preparation, and the greatest satisfaction throughout."

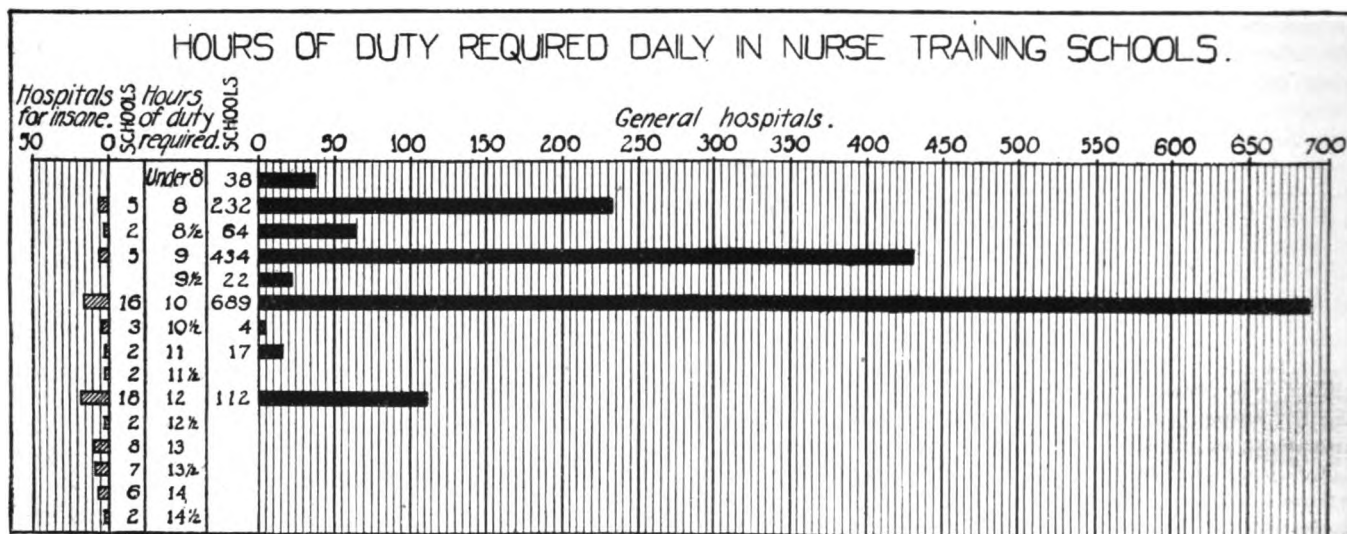
Miss Gladys M. Collins, dietitian of the Halstead Hospital, thinks women cooks are superior to men, and advocates their employment in preference. The cooks should be compelled to work out methods given them by their supervisors.

Openings for Dietitians

Opportunities are now open in the hospitals of the U. S. Public Health Service for the employment as dietitians of many women graduates of schools of home economics who have had student training or hospital experience. The work, which has to do with the victualing of the hospitals, was transferred a year ago from the pharmacists to a newly established dietitian service. The section has steadily expanded, but owing to the opening of many new hospitals and the enlargement of those already in operation the dietitian personnel is as yet not nearly up to the requirements. Applications for appointment should be made to the Surgeon General, U. S. Public Health Service, Washington, D. C.

U. S. Surveys Training Schools

Advance Sheets of Biennial Report Shows Growing Tendency
Toward Lengthening Course; 10-hour Day in 689 Schools



BUREAU OF EDUCATION CHART OF NURSES' HOURS

Advance sheets of the latest biennial survey of nurse training schools, made by the bureau of education of the department of the interior, contain a vast amount of interesting information for hospital executives. This survey included every known training school in the United States the total number being 1,776, although 67 of these failed to answer the questionnaire. The only distinction made by the survey in the type of school is for those connected with insane hospitals, of which there were 84, 82 reporting. The other schools are grouped merely as training schools in "general hospitals."

Among the facts divulged by the survey which covers 1917-18 are:

76 per cent of the schools reporting have less than 40 pupils.

There has been a gradual proportionate decrease in the number of nurses graduated, ranging from about one-third in 1898 to one-fourth for the latest report.

The number of pupil nurses increased from 11,164 in 1900 to 55,251 for 1918.

Six hundred and fifteen schools in general hospitals have from 1 to 1.9 patients daily for each nurse in training, and 443 have from 2 to 2.9 patients. Ninety-eight per cent of schools in insane hospitals have 10 or more patients per nurse in training.

In 1896 37.9 per cent of the schools required fewer than ten hours' duty, 56.9 per cent in 1911 and 49.1 per cent in 1918. In the latter year there were 689 schools that required 10 hours, the next largest groups being 434 that required 9 hours and 232 that required 8. There were 112 schools that asked 12 hours' duty of their pupils.

84.6 per cent of the schools paid less than \$100 remuneration the first year; 69.1 per cent paid less than \$100 for the second year, and 55.5 per cent less than \$100 for the third year. Forty-two charged tuition, of which 16 paid remuneration, usually exceeding tuition.

The survey says that approximately 100 training schools are established each year and that there was an increase of 526 schools, or 42 per cent, in the five years ending in 1918. The number of schools, pupils, graduates, capacity of hospitals and daily average of patients for each period since 1913,

except 1916-1917 when no statistics were collected for the school year, are as follows:

Period	Schools	Pupils	Graduates	Bed Capc. of Hosp.	Daily Av. of Pat'ts
1913-14	1,327	39,597	10,234	233,748	173,606
1914-15	1,509	46,141	11,118	256,328	185,408
1917-18	1,776	55,251	13,751	303,193	225,890

SIZE OF SCHOOLS

Figures on the size of the training schools show that 804 schools have from 1 to 20 pupils and 470 from 21 to 40. The other 1,680 schools that returned information regarding this item are divided as follows: 41 to 60 pupils, 191; 61 to 80 pupils, 86; 81 to 100 pupils, 57; 101 to 120 pupils, 21; 121 to 140 pupils, 16; 141 to 160 pupils, 8; 161 to 180 pupils, 8; 181 to 200 pupils, 8; 201 to 220 pupils, 4; 221 to 240 pupils, 2; 241 to 260 pupils, 2; 261 to 280 pupils 1; 301 to 320 pupils, 2.

Indications of the decreasing percentages of pupil nurses who complete the course are shown by the fact that from 1894 to 1898, 35 per cent of all pupils enrolled were graduated, while from 1914 to 1918 only 24.7 finished the course. In the intervening periods the percentages were 31 for 1899-1903, 29.2 for 1904-1908 and 25.8 for 1909-1913. As explanation for this decreasing proportion, the survey calls attention to the tendency of the schools to increase the course from two to three years.

Regarding the length of course, the survey points out that the greater number of schools by far offer a three-year course, 88 per cent of all the training schools in general hospitals falling in this class. Only 10 per cent offer a two-year course.

TENDENCY TO INCREASE COURSE

"A decided tendency toward a three-year course is evident," continues the report, when a comparison is made between these percentages and the corresponding ones in 1911. In 1911 a course of three or three and a half years was offered by 73 per cent of the schools reporting, as against 88 per cent in 1918; and a course of two or two and a half years was offered by 27 per cent as against 10 per cent in 1918."

The report adds, "Practically all nurse training schools have extended their course to three years within the last few years."

The schools maintained by hospitals for the treatment of

the insane 34 schools offer a two-year course and 47 a three year course.

The following table shows the growth of the tendency to lengthen the course:

Years in course—	Schools	
	1911	1918
Less than one year.....		7
1 to 1.9 years		16
2 to 2.9 years	185	164
3 to 3.9 years	502	1,416
4 year course	1	3

The number of pupils in seven schools offering a less than one year course was 137. Fifteen schools that had a two-year course had 3,306 pupils, and 1,397 schools offering a three-year course had 47,644 pupils. There were only 17 pupils in the three schools having a four-year course. The three-year course schools represent 88.2 per cent of the 1,583 that returned answers on this subject, and enrolled 92.8 per cent of the pupils. The two-year schools represented 10.2 per cent of the total, but had only 6.4 per cent of the pupils.

HIGHER REQUIREMENTS

Another interesting investigation was that of minimum educational requirement for entrance. The result of this, together with a comparison with the requirements of 1911 are shown in the following table:

Educational Requirements.	—1911—		—1918—	
	Schools.	Pct.	Schools.	Pct.
Eighth grade	252	31.7	192	12.1
1 year of high school.....	190	24.0	681	42.7
2 years of high school	26	3.3	263	16.5
3 years of high school.....	3	.4	9	.6
Complete high school course	323	40.6	447	28.1
Total	794	100.0	1,592	100.0

In hospitals for the insane 42 schools required completion of the eighth grade, 30 one year of high school and only 6 a two or three year high school course.

The survey developed that the greater number of pupils in training are in schools with a high educational requirement for entrance. The schools that required only the completion of the eighth grade, although numbering 190, or 12.1 per cent of the total, had only 7.3 per cent of the enrollment, or 3,757 pupils. Institutions requiring one year of high school work numbered 670 or 42.7 per cent of the total and had 21,087 pupils, or 41.3 per cent. Those requiring two years of high school work totaled 260, or 16.5 per cent, and enrolled 9,769 (19.1 per cent) pupils. There were 440 schools requiring the completion of the high school course and although they formed only 28.1 per cent of the total, their registration of 16,165 was 31.8 per cent of the pupils enrolled. Only 9 schools required three years of high school work. They were .6 per cent of the institutions surveyed and their enrollment of 304 represented .6 of the total enrollment.

SURVEYS NURSE ALLOWANCES

The bureau of education for the first time included statistics regarding remuneration in its report, but the statistical blank provided was filled out by a very large number of schools. Summarized, 84 per cent of the schools in general hospitals paid less than \$100 for the first year, while 15.7 per cent paid between \$100 and \$200. Higher remuneration was paid in the following years, 34.1 per cent of the schools reporting from \$100 to \$199 for the second year, and 65.1 per \$100. For the third year 44.4 per cent paid between \$100 and \$199, and 53.9 per cent less than \$100.

A much higher remuneration was paid in hospitals for the insane, 50.8 per cent paying from \$300 to \$399 for the first year and 18.4 per cent \$400 or more. In the second year 45.2 per cent reported in the \$300 group and 40.3 per cent from \$400 up. The third year remuneration is more than \$300 in 39.5 per cent of the schools and \$400 or more in 51.2 per cent.

The following table shows the remuneration granted in training schools of general hospitals in 1917-18:

Less Than \$100			
	Schools	Pupils	Per Cent
First year	1,176	36,481	84.6
Second year	894	29,925	69.1
Third year	701	23,449	55.5
From \$100 to \$199			
	Schools	Pupils	Per Cent
First year	238	6,539	15.2
Second year	517	13,196	30.5
Third year	655	18,184	43.0
From \$200 Up			
	Schools	Pupils	Per Cent
First year	5	92	.2
Second year	12	157	.4
Third year	25	623	1.5

This table does not include 96 schools which granted no remuneration.

The inquiry into the number of schools charging tuition developed that there were 42 or 2.4 per cent of the total. All these schools, it is explained, are in general hospitals and charge a fee for the preliminary course. Continuing the report says: "Altogether, 26 of these schools grant no remuneration, or at any rate, they do not report a remuneration fee, and presumably give none. The other 16 schools grant a remuneration which usually exceeds the tuition charged. The usual tuition fee is either \$20 or \$25, this charge being made by 12 schools. Two schools charge \$100, 1 school \$155, 1 school \$225, and 1 school \$250. One of the schools charging fee of \$100 grants a remuneration of equal or greater amount. The other 3 schools reporting these high tuition fees offer no remuneration whatever.

"In 1911 only six schools charged a tuition for the preliminary instruction given in the first year. A fee of \$25 was charged by four schools, and a fee of \$50 was charged by one other school. One school at that time charged \$250 for the first two years in the course."

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

OUTLINE OF NURSING HISTORY, by Minnie Goodnow, R. N. (W. B. Saunders Company, Philadelphia.)

This is the second revised edition of a chronicle of the development of nursing from its inception down to the present day and should be of interest to all connected with nursing, as well as to those who contemplate entering the profession.

CARE AND FEEDING OF INFANTS AND CHILDREN, by W. R. Ramsey. (J. B. Lippincott Company, Philadelphia.)

The second edition of this text book for nurses gives clearly and concisely the information useful to the pupil nurse. Preventive measures, anatomy and physiology are considered in so far as they relate to the subject and there is a brief discussion of pathological conditions common to infants and children.

LECTURES ON SURGERY TO NURSES, by Allen H. Todd, B. Sc., M. S., F. R. C. S. (Longmans, Green & Co., New York.)

The author has taken as the basis for this volume his belief that a nurse must be an intelligent assistant and the text explains the reason for what the nurse is asked to do in surgical cases. The scope is broad and the subject concerns vital principles. Lectures by the author at Guy's Hospital, London, constitute the contents of the book.

Selling Hospital Service to the Public

Patient Best Medium for Propaganda if Given Efficient Care and Educated to Service of Institution

By M. T. MacEachern, M. D., C. M., General Superintendent, Vancouver General Hospital, Vancouver, B. C.

The hospital idea must be sold to the public, and the public is ready to buy it when presented properly. To this end there must be well directed publicity and education, supplying the information which is now lacking and correcting the distorted ideas that many have regarding institutions caring for the sick. Usually the public hears one side, that is—the non-constructive criticism, but never the other side, that is—the good the institution is doing in the community. However, the great need of such community knowledge in regard to hospitals has been reiterated again and again and needs no argument, but the vital question is: How can we get this publicity and education over to the public? There are several ways, but I am only going to mention one. I want to refer to the patient as a most excellent medium for such propaganda, which will yield bountiful results in community interest and support for the hospital.

It is of vital importance that the patient's care and treatment be efficient and good and that he or she be sent out satisfied. It is also important that we endeavor to equip the patient with valuable information and education about the hospital while he is with us, and this particularly during convalescence. Studying patients from a psychological standpoint, there appears to be a degree of pride in having come through an operation or a serious illness in the hospital. They go home full of enthusiasm, talk a good deal and feel a more personal interest in that institution. I commend to the hospital administrator to take advantage of this psychological phase of the patient for supplying him or her with reading matter well arranged and of interest, and to this end I have introduced sometime ago the "Hospital Bulletin," which comes out from time to time. These bulletins contain facts and information about the institution, so arranged as to savor of a conversational nature, not dwelling too long on any one particular point and touching on several phases, leaving many thoughts in the mind of the patient that will cause further information to be sought, and, throughout, making him or her feel that it is their own hospital and should have a pride in it. These bulletins have done a great deal of good in bringing to the people important facts and impressions, making them realize more conscientiously their obligation to the hospital. A bulletin issued in 1920, reads as follows:

THE VANCOUVER GENERAL HOSPITAL

Bulletin No. 2

To our patients:

Christmas was a most festive occasion around the Hospital, and never before had we so many patients, for in former years a much larger number were discharged than admitted. This year the reverse existed, and all parts of the institution were crowded to the limit. Santa Claus, as usual, made his appearance in the morning and brought great joy to the Children's Ward especially. All who were able to, took part in the regular Christmas dinner enjoyed it very much. Almost 400 soldier patients were in the Hospital at Christmas and they had a delightful time in the Military Annex. The crowning event of the day was a splendid concert given by the Cherniavsky trio, this being arranged by Mrs. B. T. Rogers, and was greatly appreciated by a large number of patients, and we cannot thank them too much for their trouble.

During the month of December 96 babies were born in the Hospital. For the past number of months there has been an increasing number of babies born here and we have more than reached our accommodation limit, and

the Directors will shortly be obliged to ask that a by-law be submitted as early as possible for the erection of a separate modern Maternity Hospital. This is one of our pressing needs at present and we do hope everybody will appreciate it.

Several people have asked me from time to time how this Hospital is governed and supported. The Hospital government is carried on by a Board of Directors of 15 members appointed as follows: 3 from the Provincial Government, 3 from the City Council, 8 from the Governors of the Hospital and 1 from the Medical Staff, and is so arranged that 4 retire annually of these elected by the Governors. A Governor of the Hospital is a person who pays \$100.00 or \$10.00 a year (annual subscriber). Their appointees are elected by ballot. All these directors give their entire services free of charge, which means a great sacrifice, as there are meetings every week and often several times a week. To carry on the work of the Hospital the Board is divided into committees, as—Executive Committee, House Committee, Building Committee, Finance Committee, Economy Committee and Training School Committee. The Training School Committee meets the first Thursday of the month; the House Committee the second Thursday; the Finance and Building Committee the third Thursday, and the full Board meeting on the fourth Thursday of each month, and at other times as necessary. The annual meeting takes place the second Wednesday in February each year, when the new Board is appointed.

BULLETIN EXPLAINS HOSPITAL FINANCES

The financing of the Hospital is of vital importance, especially when we are in the hands of H. C. L. The entire building and equipment is worth, in aggregate, over \$1,500,000.00, all of which is free from debt. The Hospital has been in existence since 1902 and on the present site since 1906. In 13 years it has grown from 40 or 50 beds to 1300. This phenomenal growth has meant expenditure of large sums of money. The money for current expenses is secured as follows: Municipal per capita 60c per day, Provincial per capita 45c per day, fees from patients, donations. We do not receive many large donations or endowments. At the end of 13 years we found ourselves \$168,000.00 behind and had to appeal to the good citizens of Vancouver who gave to this Hospital an amount, approximately, of \$203,000.00 last September. To keep up efficiency and free from debt we must have more money, and though we are now out of debt, we cannot remain so unless we get this increased assistance. During the past 10 years or so \$940,000.00 of free work was done. If all this had been paid for we would not have any deficit; indeed if the Hospital could get paid for all the work done there would be no trouble in financing. To add to our difficulties we have to expend money on capital expenditure. Some people think we do not need to be so particular about collecting our accounts, but they do not realize how costly it is to run a Hospital, especially today, and to do it properly. There has been an increase in price on all our commodities anywhere from 40 to 800%. Do you know that some of our drugs cost as high as \$80.00 an ounce? Do you know that it costs us approximately \$3,000.00 a day to stay open? I do not think people realize the magnitude of this institution, but here are some of the facts:

Prepared yearly

1,825,000 meals

10,000 special diets

120,000 bottles of babies' milk

We use yearly
 80,300 gallons milk
 65,700 dozen eggs
 30 tons butter for eating purposes only
 260 whole beeves
 624 mutton
 6,240 fowl
 36,500 fish
 219 ton potatoes, product of 15 acres
 60 ton stock vegetables
 10,000 tins of canned vegetables
 18,000 tins of fruit
 13,500 lbs. of dried fruit
 219,648 oranges
 93,600 lemons
 250,000 lbs. bread. The loaves measure 2 feet long;
 if laid out end to end would stretch 47 miles;
 if piled would measure 15,000 cubic feet, or
 approximately the size of an eight room
 house

During the year over
 2,500,000 pieces of laundry were used
 500,000 beds made up by the nurses
 The Hospital has sent out to date almost 400 graduate
 nurses and has in training 225 nurses.
 The institution covers the greater part of 4 city blocks,
 and it is estimated that there are 8,000,000 cubic feet
 of air space to be taken care of by our heating plant.
 To do this it takes 30 tons of coal per day during the
 colder weather.
 There are 1,300 beds in all in our institution, which
 comprises the Main Hospital, the Medical Annex,
 Heather Street Annex, Infectious Hospitals, the
 Infants' Hospital on Haro Street and the Marpole
 Annex at Marpole

Almost every mail brings a letter of appreciation from
 one of our patients or their friends. These letters give
 us real pleasure because we feel we have pleased some-
 body. Here is one which we received this morning:

"Enclosed please find cheque for \$20.40. This is about
 the first time in my experience that I have found it to be
 a real pleasure to hand out money. The treatment and
 courtesy I experienced while in the Hospital was abso-
 lutely perfect and one would have to travel a long way
 before they would meet with more charming and delight-
 ful nurses such as Ward—, possesses. I hope that if I
 return in two or three weeks' time for an operation that
 I shall be fortunate enough to have a room in the same
 ward. I shall then be perfectly content—absolutely sure
 of a quick recovery."

You know a hospital is a difficult place in many ways
 for people to work in. The patient is not himself or
 herself; sickness changes natural dispositions temporar-
 ily. The relatives or friends are different also, owing
 to their anxious moments, and at times this makes it
 hard for the Staff. Sometimes their best efforts are
 misinterpreted and not appreciated, which makes them
 feel badly. The great pleasure in this work is what you
 can do for others. Speaking as a patient myself once in
 this hospital—I may say I was very abnormal in dispo-
 sition for a few days, owing to my anxiety and pain.
 However, my appreciation can never be expressed when
 I realize that my eyesight was saved through the care
 which I received from the nurses and doctors. There-
 fore, any good word that you have will be greatly ap-
 preciated by those who are looking after you; and on
 the other hand, if you have any criticism to make we
 shall also be glad to receive it and see if it requires rec-
 tifying.

Yours very truly,
 M. T. MacEACHERN,
 General Superintendent.

Several more copies are made than needed for distribution
 amongst the patients. These are left in the waiting rooms
 where the friends, relatives or visitors may get them. From
 time to time there are requests for more copies and I have
 noted a great deal of useful information has been given out.

Issues Hospital Number

"Hennepin Commonhealth" Devotes Issue to the Minneapolis General Hospital

The Hennepin Commonhealth, a weekly bulletin published
 by the Public Health Association of Minneapolis, recently
 devoted its entire space to the Minneapolis General Hospital,
 of which Dr. Walter E. List is superintendent. The bulletin
 contained four pages of news and information about the
 hospital, the front cover showing a photograph of the insti-
 tution and the back cover a schedule of services rendered by
 the out-patient department.

The inside pages were devoted to a brief description of the
 various departments, including occupational therapy, laundry,
 dental, social service, dietary, and also informed the public
 regarding visiting hours, requirements for nurse candidates,
 etc. Prominent position was given to a summary of the
 hospital work done during the year.

Dr. List describes the bulletin and other features of the
 Public Health Association of Minneapolis as follows:

"The Public Health Association of Minneapolis takes in all
 the health activities of the community. The Superintendent
 of Hospitals is ex-officio a member of the board of directors
 of this association.

"Articles are sent to the editor, who happens to be executive
 secretary of this association, and he selects the material that
 he believes to be of greatest importance. Every so often, one
 leaflet is devoted to any particular agency that may express
 a desire for such publication. Furthermore, should any one
 agency desire something of importance to the community, and
 should such an effort be merited by the board of directors of
 the Public Health Association, all agencies combine to push
 the desired endeavor. This seems to me to be a very efficient
 method for the concentration of health activities and the
 co-ordination of such prevents reduplication."

"Potato Day" is Profitable

Middletown, O., Hospital Receives 90 Bushels of "Spuds"; Also Has "Jelly Day"

One of the most successful examples of "potato day" held
 by a hospital in a comparatively small community was that of
 the Middletown, O., hospital which received 90 bushels of
 "spuds" from merchants, business men and the general pub-
 lic. L. S. Knuth, assistant treasurer of the Middletown Hos-
 pital Association, thus describes the affair and also tells of a
 "jelly day" that netted 900 glasses:

"The Federation of Women's Clubs of this city had the day
 in charge, and throughout the city, in banks, schools and
 churches barrels were placed, and every one was supposed to
 place at least one potato in a barrel. The barrels were placed
 in churches on Sunday, in the schools Friday, banks Friday,
 and Saturday they were placed in stores, and all manufac-
 turing plants, so that the entire public was reached. Many
 people sent from one bushel to ten bushels to the hospital
 direct. We received about 90 bushels of potatoes in all."

"Notice was printed in the papers for 'potato day' for the
 hospital, so that it was widely advertised.

"'Jelly Day' was handled in the same way, except that it
 was confined to the members of the various clubs in the Fed-
 eration. The jelly received amounted to 900 glasses."

K. C. Institution for Service Men

Dr. George Parcher, surgeon, U. S. Public Health Service,
 has become superintendent of Wesley Hospital, Kansas City,
 which is being converted into an institution for ex-service
 men. Dr. Parcher formerly was located at Arrowhead
 Springs, Calif. His assistant at Kansas City will be Dr. H. R.
 Reynolds, formerly an army physician. The hospital will not
 be ready for the reception of patients before February 1, it
 is announced.

Stopping Leaks Through Accounting

Hints on How to Avoid Duplicate Payments and Undercharges for Extra Service; Detailed Statistics Valuable in Many Ways

By Samuel G. Ascher, Superintendent Wichita Hospital, Wichita, Kans.

As the saying goes, "there are doctors and there are doctors," so can we apply the same version in regard to accountants. There are, sad to say, mighty few accountants, and I might add, certified and chartered accountants, who are thoroughly familiar with that form of accounting as applied to hospitals.

While it is of the utmost importance to have a capable staff of physicians and surgeons, so must you also see that you have an accountant well versed in institutional accounting, capable and competent to devise and supervise the various forms existing and at the same time, always bearing in mind, that the board of trustees, through the superintendent, is always anxious to know the financial status of the hospital and have a statement showing these facts ready for the monthly meeting of the board.

In my capacity, for the past ten years, as chief accountant at the Mount Sinai Hospital, New York City, it was incumbent upon myself to supervise the entire accounting system, which to my mind, is a model system to be applied to any large, general hospital where the trustees and the superintendent are really interested to know exactly the financial status of the institution.

DUPLICATE PAYMENTS POSSIBLE

A very important matter is the possibility of duplicate payments of invoices and this is a serious matter to be considered. There are a good many honest enough to return the duplicate payment and then again, there are some who will take this advantage and say nothing, and of course the hospital is out that much money. A good way to avoid this, is to have each department head received a copy of the order that is intended for use in that particular department and have the department head carefully check the invoice as against the copy of the order in his or her possession and should a duplicate bill subsequently turn up, it will be an easy matter to verify whether there has been a similar invoice checked before.

In addition to this, the accounting department should keep a card record of each concern the hospital purchases from, and an entry is made of each invoice received and paid, this will also be a guide to forestall any chance of duplication, for you will find that some department heads, having failed to check an invoice against the copy of an order, will, when presented with another invoice of the same merchandise, promptly approve same and if the accounting department is not watchful, there is going to be a voucher made out for this duplication.

CHARGE ALL ITEMS

We have another very important factor to contend with and that is, to see that all the items that are to be charged to private patients are really charged for. I have seen where charges for operating room, anesthesia, radiograph or some special medication rendered to the patient has failed to appear on the account and the only time this omission was noticed was when the patient left a check with the cashier, to be turned over to the anesthetist or when the pharmacist or radiographer rendered his report for services to a private patient. My plan to check these various charges is to have an order in duplicate made out by the attending physician or intern and sent down to the office for approval, the office

keeps the duplicate and the department which is to render the service gets the original and returns same to the office after completion of this service. Should the department fail to return the original, the office gets in touch with the head of that department and learns whether that service has been given and what has happened to the original order. The office makes the charge when the original is returned and both original and duplicate are then filed for future reference.

We now come to the matter of statistics, and let me here say that you cannot have too much detail on this subject, as there are different governmental departments such as federal, state and city, besides private organizations that are constantly after statistical information, and your records must be so compiled that this information can be arrived at without much difficulty. Then again, your board of trustees and your superintendent are both very much interested in this subject and when a hospital can furnish all sorts of statistical information, that hospital is sure to be looked upon as an up-to-date and modern institution.

In conclusion, I might add, that institutional accounting is coming to be recognized as a specialty in itself and every institution, no matter how small, should try its utmost to procure an accountant well versed on this subject, and pay to such an individual a salary commensurate with the value of the importance of this work and this expenditure will in the long run turn into a good and profitable investment for both the superintendent and the board of trustees.

Beverly Hospital Has Drive

The Beverly, Mass. Hospital has successfully completed its campaign for funds for liquidating indebtedness, providing new equipment and enlarging the capacity of the institution. In a one week campaign more than \$200,000 was subscribed by residents of Beverly, Manchester, Hamilton, Danvers and Wenham and the summer residents of Beverly and its vicinity. The hospital, although equipped for fifty patients, has been averaging almost 70 a day. Will, Folsom and Smith, 512 Fifth Avenue, New York, organized and directed the campaign.

Halt Police Hospital Project

Coleman du Pont who was in charge of the campaign for funds for the institution recently announced the virtual abandonment of the project for a \$3,000,000 police hospital in New York with a \$2,000,000 endowment. Mr. du Pont said, "unusual developments in financial conditions caused the cessation of collections."

Doctors and Nurses in Play

The medical, surgical and nursing staffs of the Post-Graduate Hospital, New York, gave a play "There's a Reason," written by Dr. Marvin Jones, followed by a dinner and dance at Delmonico's on the evening of December 23. The entertainment was for the purpose of aiding the endowment fund for that institution.

Hospital Building Ready March 1

The new general hospital building of Elko County, under construction at Elko, Nev., at a cost of \$130,000 will be ready for occupancy by March 1, it announced.

Hospital Library Bureau Is Opened

Comprehensive Program Outlined Under Direction of A. C. H. S. — Miss Donelda R. Hamlin Is Director

Establishment of the Hospital Library and Service Bureau of the American Conference on Hospital Service at 22 East Ontario street, Chicago, recently was announced by the conference of which Dr. Frank Billings, Chicago, is president.

As a glance at the accompanying tentative outline of the services planned by the bureau will show, this project promises to be a most practical one for hospitals, dispensaries, sanatoria and health centers and executives connected with them in any capacity. The plan of development and of service mapped out for the bureau includes data and information on every phase of work in these fields and the very magnitude of the plan indicates that the growth of the bureau must be slow and that some time will elapse before sufficient data will be available on many subjects.

Miss Donelda R. Hamlin has been appointed director of the bureau and with her assistants already has begun the work of collecting and classifying statistics and of getting into contact with sources of information.

Miss Hamlin, in making public the outline of the bureau, emphasized the fact that only a small part of the proposed material has been gathered and that the utmost co-operation of all factors in the field must be given to develop the bureau as it should be developed.

As many hospital executives know, the bureau has been organized by various hospital, nursing, health and other associations, aided by the Rockefeller Foundation. The bureau will serve, gratuitously, persons interested in construction, equipment and operation of hospitals and similar institutions.

In presenting the plan for the scope of the bureau, Miss Hamlin asks for suggestions for its improvement, as comment from people actively engaged in various phases of hospital work will be of inestimable value in making the bureau of practical, rather than theoretical value.

The outline of the bureau, as tentatively prepared is as follows:

Literature and data covering the following subjects will be collected and kept on file:

I. THE HOSPITAL FIELD

1. Methods of determining the needs of a hospital, a dispensary, a sanatorium service
2. Community surveys
Methods of community organization and preliminary planning
3. Financing
Methods of estimating capital funds for construction and maintenance
Finance committee organization
Securing funds for buildings, endowment, current expenses, etc.
Aid from public funds—data to be compiled from state laws
Publicity methods employed in financing
Community chests and federated charities
Educational campaigns and drives
4. Types of hospitals
Classed by control:
Public (Municipal, town, county, state, federal)
Incorporated (for profit) (not for profit)
Private (personal ownership) (group ownership)
Classed by service rendered:
General
Special (nervous and mental, isolation, tuberculosis,

convalescent, children's, orthopedic, maternity, surgical, eye, ear, nose and throat, skin and cancer, medical, diagnostic clinics, drug addictions)

II. CONSTRUCTION

Hospitals, Dispensaries, Sanatoria

1. Floor plan files
Hospitals as a whole
Special departments—administration, kitchens, wards, operating rooms, dispensaries, nurses' homes, service buildings, laboratories (pathological, X-ray clinical, serological, metabolic, dietetic, departmental)
2. Follow-up comment on plans after a year of operation
3. Materials
General descriptions and serviceability
Comparative costs, etc.
4. Index of architects, consultants and builders
5. Costs of buildings
Records of building costs as far as obtainable
6. Equipment
Lists of equipment used in individual hospitals, dispensaries and special clinics
Costs of equipment placed in individual hospitals
Hospitals
Departments
Follow-up comment on equipment after one year in use.

III. OPERATION

1. Development of general internal organization
Diagram of organization
Literature on organization, constitution and by-laws
2. Affiliation
Medical schools
Church
Industry
Others
3. Community relations with
City, town and county
Local relief-giving organizations
Public or legal supervision of illness and health
4. General relations
With national, state, health, hospital, professional and departmental activities and organization
5. Staff
Organization
Responsibilities
Work
Keeping professional records-principles, policies, systems (equipment costs, maintenance costs)
6. Nursing
Training schools
Private duty
Operating room
General duty
7. Laboratories (pathological, X-ray, clinical, serological, departmental, metabolic, dietetic)
Organization
Plans and space
Equipment
Work and relations to other departments
Charges for work
8. Purchasing (equipment, supplies, special)
Methods and policies in use
Sources of supply

9. Mechanical (engineering and all mechanical departments)
Policies and plans in use for securing supervision
10. Dispensary (when a department):
General organization
Staff organization
Community relations
Social work
Policies as to fees
11. Social work:
Organization of department
Policies and work
Relations to hospital executive, staff, training school, community agencies
12. Accounting:
General principles
Systems
13. Charges for Service:
General principles
Policies in use
Record of schedules used by hospitals of different sizes, classes, etc.

IV. TRAINING OF HOSPITAL PERSONNEL

- Administrators
- Nurses
- Laboratory and X-ray technicians
- Dietitians
- Anesthetists
- Social service workers
- Interns
- Schools
- Courses
- Methods

V. ORGANIZED ACTIVITIES BEARING ON THE HOSPITAL FIELD

1. Direct:
General hospital associations—U. S. and Canada, foreign, state, local
Professional associations—medical, surgical, etc.
Departmental associations—social service, dietetic, nursing, laboratory (pathological, X-ray, clinical, serological, metabolic, dietetic, departmental)
2. Related:
Public health—mental hygiene, tuberculosis, housing, child welfare, health centers
Special nursing—public health, industrial, military
Government—army, navy, public health, other departments producing material of value to hospitals.

VI. ASSOCIATED INFORMATION

1. Vital statistics
2. Insurance reports—life, sickness, accident, industrial, fire
3. Compensations or subsidies—industrial policies and methods in use (a) state, (b) direct
From other insurance
From city, county or state
4. Legal:
Decisions
State and federal laws affecting hospitals, dispensaries, etc.
Pending legislation

VII. HOSPITAL LITERATURE

1. Libraries
2. Books, publishers and authors—subject and author index
3. Periodicals—subject and author index
4. Reports—federal, state, municipal, hospital, health departments, surveys, etc.
5. Hospital statistics

Association News

[EDITOR'S NOTE: Officers of hospital and allied associations are invited to make use of this department to give advance notice of meetings, announce programs or disseminate any other news.]

HOSPITAL CALENDAR

- Illinois Hospital Association, Chicago, February, 1921.
- National Methodist Hospitals and Homes Association, Chicago, February 16-17, 1921.
- American Conference on Hospital Service, Chicago, March 9, 1921.
- North Carolina Hospital Association, Pinehurst, April, 1921.
- Ohio Hospital Association, Toledo, May, 1921.
- Oklahoma State Hospital Association, McAlester, May, 1921.
- Georgia Hospital Association, Macon, May 5, 1921.
- Michigan Hospital Association, Ann Arbor, June 7-8, 1921.
- American Association of Industrial Physicians and Surgeons, Boston, June, 1921.
- American Medical Association, Boston, June, 1921.
- National Tuberculosis Association, New York, June, 1921.
- American Hospital Association, West Baden, Ind., September 12-16, 1921.
- Mississippi Valley Conference on Tuberculosis, Cedar Point, Ohio, September, 1921.
- Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.
- Kansas Hospital Association, Newton, October 20, 1921.
- American College of Surgeons, Philadelphia, October 24-29, 1921.
- National Society for the Promotion of Occupational Therapy, Baltimore, Md., October, 1921.
- American Medico-Psychological Association, Boston, 1921.
- New Jersey Hospital Association, Atlantic City, 1921.
- National League of Nursing Education, Kansas City, 1921.
- American Nurses' Association, Seattle, 1922.
- National Organization for Public Health Nursing, Seattle, 1922.

AMERICAN CONFERENCE ON HOSPITAL SERVICE

March 9 and the ongress Hotel, Chicago, are the date and place of the next meeting of the American Conference on Hospital Service, according to a recent announcement by President Billings.

NORTH CAROLINA HOSPITAL ASSOCIATION

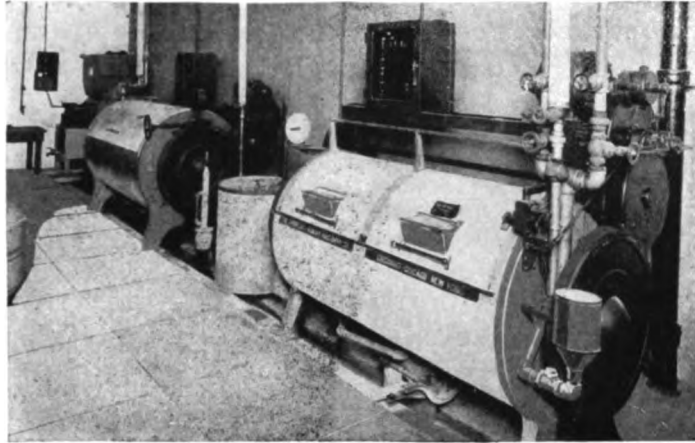
The printed report of the 1920 convention of the North Carolina Hospital Association shows the following list of members:

- Dr. James R. Alexander, Presbyterian Hospital, Charlotte.
- Dr. W. H. Anderson, Moore-Herring Hospital, Wilson.
- Dr. John John T. Burrus, High Point Hospital, High Point.
- Dr. F. A. Carpenter, Carpenter-Davis Hospital, Statesville.
- Dr. S. S. Coe, High Point Hospital, High Point.
- Dr. L. A. Crowell, Lincoln Hospital, Lincoln.
- Miss E. M. Davis, Edgecombe General Hospital, Tarboro.
- Dr. James W. Davis, Carpenter-Davis Hospital, Statesville.
- Dr. E. T. Dickerson, Wilson Sanatorium, Gastonia.
- Dr. E. B. Glenn, Meriwether Hospital, Asheville.
- Dr. B. S. Herring, Moore-Herring Hospital, Wilson.
- Dr. J. F. Highsmith, Highsmith Hospital, Fayetteville.
- Mrs. Walter Hughson, Grace Hospital, Morganton.
- Dr. W. L. Jackson, High Point Hospital, High Point.
- Dr. L. W. Kornegay, Rocky Mount Sanatorium, Rocky Mount.
- Dr. H. F. Long, Long's Sanatorium, Statesville.
- Dr. P. R. Macfadyen, Concord Hospital, Concord.
- Miss C. E. McNichols, St. Peter's Hospital, Charlotte.
- Dr. L. B. McBrayer, State Hospital for Tuberculosis, Sanatorium.

(Continued on page 70)

This Laundry Serves Two Institutions

University of California Hospital Department Does Washing for Hahnemann, Too; 40,000 Pieces Is Weekly Run



WASHERS, UNIVERSITY OF CALIFORNIA HOSPITAL LAUNDRY

On this page are illustrations of some of the equipment of the laundry department of the University of California Hospital and Medical School at San Francisco, of which Dr. W. E. Musgrave is director. Dr. Musgrave's description of methods of administration of the laundry department of this institution which also serves Hahnemann Hospital in the same city, is given on the following page.

This laundry is typical of the modern hospital laundry and compares favorably with many commercial plants. The bed capacity of the University of California Hospital is 270 and that of the affiliated institution slightly less than half, 110, making a total of 380 beds that must be served by the laundry.

The average run of flat work each week is between 40,000 and 45,000 pieces, sheets, spreads, pillow cases, towels, table linen cloths, napkins, patient's clothing and other usual hospital work. More than fifty bundles of wearing apparel are handled each week for the doctors, interns and nurses.

The laundry has been in operation for more than three years and in addition to a saving on the cost of the washing, the equipment permits a reduction in the amount of linen carried, thus proving a considerable economy in the operating expenses of the institutions.

The equipment includes:

- 1 Cascade washer, unit panel control.
- 1 Solid head washer, unit panel control.
- 4 Motor driven extractors.
- 2 Motor driven Vento drying tumblers.

1 Motor driven flat work ironer.

4 Universal presses set in tandem.

Complement of electric irons, ironing boards, etc.

The illustrations were furnished by the American Laundry Machinery company.

Affiliates with Baptist Church

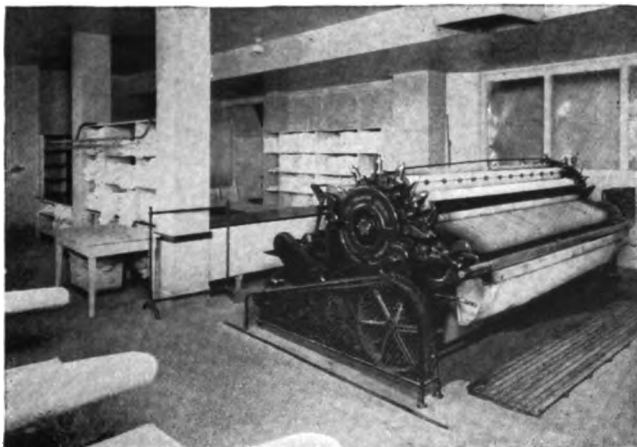
Josephine Hospital, Hope, Ark., recently was affiliated by the Baptists of Arkansas under the direction of Dr. J. E. Allport, Pine Bluff, supervisor of hospital work for the church in the state. Miss Page, superintendent of the Baptist hospital at Pine Bluff, also was present at the formal affiliation of the institution with the Baptist church.

Fire in Hospital Laundry

The frame building housing the laundry department of St. Mary's hospital, Amsterdam, N. Y., was badly damaged by fire which recently caused a loss of \$2,000. The building is about 60 feet from the hospital, but, being warned by the superintendent, the firemen worked quietly and without awakening the patients.

Sanitarium Opened

The Olive View Sanatorium for Tuberculosis, four miles north of San Fernando which is operated as a ward of the Los Angeles County Hospital has been opened with Dr. Audley O. Sanders as superintendent. It has accommodations for 100.



VIEWS OF LAUNDRY, UNIVERSITY OF CALIFORNIA HOSPITAL

Give Laundry Foreman Authority

Head of Department Should Be Responsible to Head
of Hospital for All Linen and Washable Supplies

*By William Everett Musgrave, Director of Hospitals, University of California Medical School
and Hospitals, San Francisco, Calif.*

A laundry, suitably located, equipped with modern machinery and efficiently managed, is as much a necessity to any modern hospital as it is to a hotel. Frequently, hospital laundries are located without regard to economy in the service they must render; often they are located in a power plant or some other out building entirely disconnected from the hospital or, if located in the hospital, at some point which makes it difficult and expensive to get dirty linen to the laundry and clean linen from the laundry to the patients' beds. Unquestionably, the laundry should be located in the hospital building, or at least should be connected with it by chutes as well as by easy access through elevators for the return of clean linen from the laundry to the wards.

The problem of labor is getting to be a very much more important one in hospitals than it formerly was, and in no other department is the expense felt more keenly than in the laundry. For this reason, every possible idea which may be incorporated to reduce the number of employees or increase the turn over per employee is indicated.

In immediate contact with the laundry department there also should be located the linen distribution service, with proper shelving, counters for handling and folding linen, and these should be in immediate contact to one hand with the mangle for flat work and on the other side close to the presses and hand work machines.

The manufacturing and repair departments of the linen service also should be part of the same physical space as the rest of the laundry, or at least should be directly connected with it through a door. In this department all repair and manufacture should be conducted, preferably with power machines, in order, again, to save time. This department should not, however, be used as a storeroom for surplus house-keeping supplies, as so often happens in hospitals. It should be an integral part of the laundry service, which is responsible for all linen in circulation and for the little emergency additional supplies necessary to carry in any institution. The large stock of supplies should be kept, of course, in the central storeroom of the institution controlled by another department.

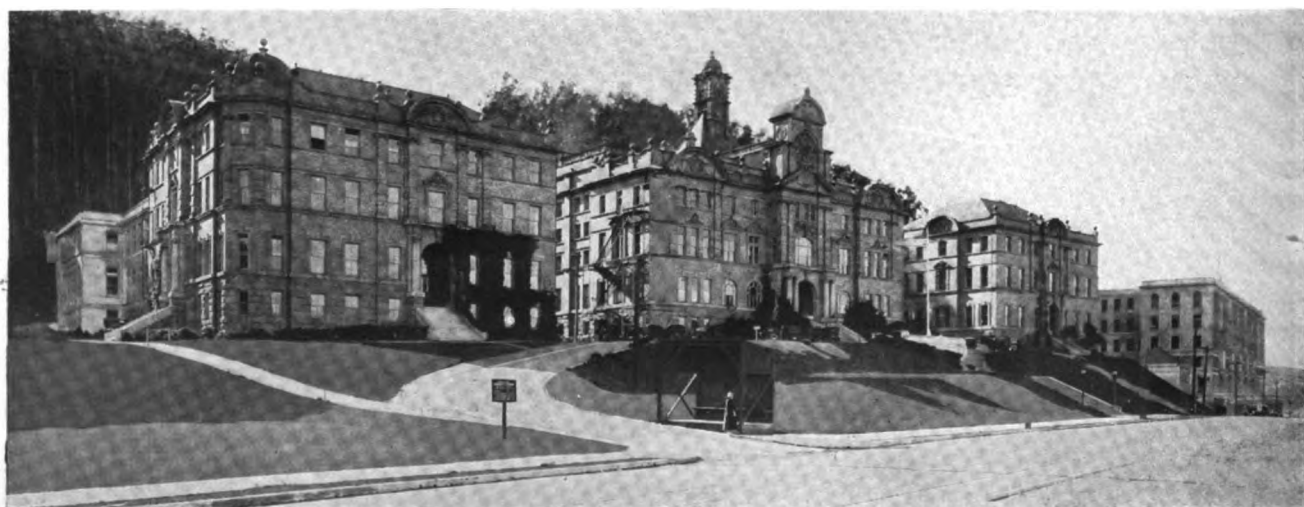
There is nothing I can say of importance regarding laundry equipment except that it should be of the best, preferably all of one make, so as to secure the very splendid high grade service which is now offered by laundry machinery manufacturing companies. In constructing a new hospital or in reorganizing an old one, laundry machinery experts should be called in consultation with the director or superintendent over the question of location and equipment. This should be done before actual construction of the plant is begun.

ORGANIZATION AND PERSONNEL

Hospital laundries should have a competent laundry man as superintendent or foreman of the laundry. He should be directly and solely responsible to the director or superintendent of the hospital, and every person in his department, including washers, mangle workers, press workers, ironers and even sewing women, should be part of his organization and responsible to him. This man should be held responsible by the hospital administration for all linen and washable supplies in circulation in the hospital whether they are in the laundry, repair rooms, wards or anywhere else. It is his business not only to control and operate his department, but to practice economies, and he must have authority to enable him to practice these economies in the issue and use of linen. Linen and laundry is one of the expensive items of any hospital and it is only by making one person responsible for its cleanliness, disinfection, repair and issue that efficiency and economy may be expected.

REQUISITIONING, CHECKING AND ISSUING LAUNDRY

Nurses frequently are careless in the use of linen and unless controlled will requisition for much larger quantities than are needed, stack them in ward linen closets against the time when they may expect a shortage. In order to control this and at the same time keep accurate track of what is passing through the laundry, a daily combined inventory and requisition blank, based on the per capita per diem needs of patients, is used in our department. A copy is reproduced. The supervising nurse in charge of a unit makes this requisition out daily and she is not allowed to exceed the author-



UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITAL, SAN FRANCISCO

Form 146-10-15, 7-29

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS
LINEN INVENTORY AND REQUISITION FORM

Unit		Date		Total Patients (or persons)	
ITEMS	Per person average per patient	Ward	Room	ITEMS	Per person average per patient
Apron	1-2			Maple, table	1
Baby dress	1			Pillow slips adult	1
shirt	1			children's and O. R.	1
boots	1			Rags, laundry	as required
Boys' sweater	as required			Shoes, adult	1
bandage	as required			Draw, O. R. & C. R.	1
Chapel	1-5			Shirts	as 1 dress
					about
Shavers, breast	1			Shirts	1-5
Admission	1-2			Springs, adult	1-2
duchy T	1			children	1-2
single T	1			Stripes, sweater	1-10
Boys' rubber, adult	1-2			Sweaters, adult	1-5
shoes	1-2			children	1-5
Shoes, adult	1-5			Towels, bath	1
children	1-5			both	1
Boys	1			Towels	2
Cap, O. R.	as required			dash & glass	1-1
handkerchief	as required			Towels, bath	as required
Carlin, Table	1 each table			pillows	1-3
				Phylar covers	as required
Wash	1				
Dish	as required			To be put on floor by mother	
Covers, dresser	as required			Room covers	
table	as required			Shades curtains	
tray	as required				
hot water bag	1-2				
bed pan	1				
envelope	as required				
Dresses	1				
liver jacket	1-2				
Cover, under	as required				
blanket	1-5				
Hoover (1) R	as required				
Leggins	1-5				
Shirts	1-5				
Night gown, adult	1-2				
children	1				
Totals				Totals	
Requisition by	Approved by	Issued by	Received by		
Supervisor	Supervisor	Supervisor	Supervisor		

INVENTORY AND REQUISITION FORM

ized quantities without explanation to the superintendent or his representative. Certain departments, like the operating rooms, cannot be so completely standardized, but the more important users of sheets and pillow cases, etc., can be so standardized with advantage. The daily requisitions are issued by the laundry department, after which they are all combined on one requisition as a consolidated daily, weekly or monthly report of the material passing through the machines. Of course, it is realized that in hospitals where laundry is sent down through chutes this form does not give an accurate check on what is returned versus what is received. It will be found in practice, however, that this is not necessary, because a careful watch over what is issued to wards, based upon per capita need, and a careful watch over the unit linen closets will quickly show any waste, and an occasional inventory taken everywhere at the same time will show total losses to the department. The expenses of a more complete check are greater than warranted by the results.

MAKE SPECIAL GURNEY

In our hospitals we have an arrangement by which all discarded linen, including all dressings and other waste cotton goods, is collected, sterilized in our machines and taken by a mattress factory in San Francisco, re-carded and returned to us as dressing material, for 10 cents a pound. By offering an inducement to nurses to save dressings and other waste cotton goods in the way of paying a certain amount per pound for this material to be devoted to a "nurses' comfort fund," we are to accumulate discard very rapidly. I feel quite certain that we actually use some of our absorbent cotton four or five times before it finally disappears. All of the dressings, worn out sheets, pillow cases and other discard is passed, of course, through our sterilizing washers and dry tumblers before it is sent out to be re-carded.

One labor saving device of interest and importance in our service is the gurney we use for transporting linen. These

we make ourselves. The base of the ordinary food and laundry gurney with 6-inch rubber tired wheels is used. Upon this our engineer builds a frame work of ordinary angle iron, say, about 2 feet by 3 feet at the base and 3 feet by 4 feet at the top, 2½ feet high. Our linen department makes heavy canvas bags that fit into this framework, the bottom resting on the base mentioned above. We have forty of these gurneys, each ward or other unit having one or more as is required. They are very easy to handle and noiseless. When the daily requisition comes from a unit, the linen is put into one of these gurneys, which is rolled into the elevator and sent to the proper ward. A similar gurney is used to collect the dirty linen from the ward and take it to the chute, or in case of a hospital without chutes it could be taken directly to the laundry. These gurneys may be rolled around the ward without being unsightly or noisy, and they have proved themselves after two years of use as exceedingly satisfactory.

We also do the work for one of our other hospitals (Hahnemann), located about two miles away. The same gurneys are used to supply that hospital. Those loaded with clean linen are rolled into our motor truck and delivered once daily, while other gurneys loaded with dirty linen are returned to the laundry.

Sanatorium Has T.B. School

By F. C. Anderson, M. D., Superintendent, Ohio State Sanatorium, Mt. Vernon.

The Ohio State Sanatorium for Incipient Pulmonary Tuberculosis, at Mt. Vernon has for some time been considering how benefits derived from its ten years operation could be presented to the busy practitioner in the best manner. He has been, as a rule, so engrossed in a general work that it has been impossible for him to keep as well informed as he would desire, on the more intricate details required for an early diagnosis of pulmonary tuberculosis which is universally acknowledged to be an absolute necessity in order to produce the best results in treatment.

Believing that these paramount principles can be greatly improved upon, this institution has initiated a School of Tuberculosis, which is to be operated throughout the year. The courses are ten days in length and open to all physicians in Ohio without cost. Physicians who will attend, should be benefited by their direct contact with the practical sanatorium routine and the varied clinical material which is available. They should receive an intensive review of chest diseases.

The sanatorium expects to benefit by association with these men from general practice who will inform us as to the obstacles continually met in their diagnosis and treatment of the tuberculous outside of the sanatorium.

We believe that in a great many instances the family physician has been unduly criticized, when the fault was with the patient or his friends, who refuse to co-operate or receive advice from their doctor, especially when the diagnosis of tuberculosis has been made early in the disease.

We expect that the physicians who attend these courses will be better informed in sanatorium routine and as to the choice of patients who are adapted to receive this particular treatment, thus eliminating those who should never have been recommended. Particularly will we mention those who are in need of bed care and have too much chest activity for an institution equipped for the care of incipient or ambulant cases only.

Summarizing, the school should improve the physician's diagnostic ability, better inform him in the choice of sanatorium cases, and enthrone him more as to the necessity of more intensive work in educating and housing of the tuberculous in his community.

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round



SAMUEL G. ASCHER
Superintendent Wichita Hospital, Wichita, Kansas

Mr. Ascher, who for ten years was connected with Mt. Sinai Hospital, New York, in various capacities, recently accepted the position of superintendent of Wichita Hospital. He has had a thorough training in all phases of hospital administration under Dr. S. S. Goldwater and of late has specialized in hospital accounting. In addition to being in charge of this department at Mt. Sinai, Mr. Ascher was called in as consultant by a number of other institutions that desired to improve their accounting system.

Miss Edith F. Gaylord, who was engaged in Red Cross service in Siberia during the war, is assistant superintendent and principal of the training school of the Methodist Hospital, Sioux City, Ia.

Miss Louise Happel, recently connected with the Ellen G. White Hospital, Los Angeles, has succeeded Miss Pearl Chapell as superintendent of nurses at Walker Hospital, Evansville.

Miss Clara Peck, superintendent of the Ashtabula, O., General Hospital, has resigned to become superintendent of the Oil City, Pa., Hospital. The change was effective December 1. Miss Peck had been connected with Ashtabula General for four years.

The personnel of the new Smithfield, N. C., Memorial Hospital includes Miss Ruth H. Schmick, superintendent, Miss Elizabeth Waters, assistant superintendent, and Miss Ethel Watkins night nurse. Miss Schmick is a graduate of Bellevue Hospital, New York, and after 18 months' war service, she returned to Bellevue as an instructor. Miss Waters also saw service in France. She is a graduate of Spicker Sanitarium, Goldsboro, N. C.

Miss Nelle Moist, superintendent of the new Randolph County Hospital, Winchester, Ind., directed the installation of

furnishings and equipment of the building which opened the first of the year. The hospital has 35 beds.

Dr. James E. Holmes, superintendent of Methodist Episcopal Hospital, Brooklyn, will complete his fifth year as head of that institution in April. The board of managers of this hospital celebrated the thirty-third anniversary of its opening recently by announcing plans for a \$200,000 building for the maternity department.

Miss Barbara Blair has been selected as superintendent of the new city hospital at New Britain, Conn. She is a graduate of Bacchus Hospital, Norwich.

Miss Dora McLean has succeeded Mrs. Wilbur Wright as superintendent of Riverside Hospital, Knoxville, Tenn. Miss McLean formerly was assistant directress of Knoxville General.

Mrs. Mary B. Seaver and Miss Bertha Robinson have established a hospital in Rupert, Idaho, the first institution of its kind in the town.

Miss Anna Kerns has succeeded Miss Mabel Pittman as superintendent of the Van Wert, O., Hospital.

A government psychopathic hospital has been established at Augusta, Ga., for caring for ex-service men of the Carolinas, Tennessee and Georgia. Col. Frank E. Leslie is superintendent.

Mrs. L. C. Saville, superintendent of the Park View Sanitarium, Savannah, Ga., has been elected treasurer of the Georgia State Association of Graduate Nurses.

Miss Edna Johnson, a graduate of Macon County Hospital, Decatur, Ill., has succeeded Miss Jessie Ritter as superintendent of the Shelby County Hospital, Shelbyville, Ill.

Miss Edith Sikes of Cleveland has been appointed superintendent of the San Joaquin Hospital, Tulare, Cal.

J. Edward Stohlman, formerly superintendent of Hahnenmann Hospital, Philadelphia, has become superintendent of Osteopathic Hospital of the same city.

Miss Jessie Broadhurst, superintendent of Broad Street Hospital, Oneida, N. Y., in her report for November showed that there were 1,371 patient days in that period. The average number of patients was 45.

Miss Helen Brownlee, Bettendorf, Iowa, who recently finished the course in the University of Iowa Hospital nurses' training school, Iowa City, has accepted an executive position in the children's department of the institution.

Miss Amelia Moen has assumed the duties of superintendent of the Mounds Park Sanitarium, St. Paul, Minn., which formerly was the Cobb Hospital, which has been remodeled and improved. Miss Elizabeth McCrank is assistant superintendent. The Mounds Park Sanitarium also has taken over the Midway Hospital of which Miss Hannah Thorne is assistant superintendent.

The past year was a period of considerable development for Home Hospital, Lafayette, Ind., of which Miss Medendorp is superintendent. Among the additions to the personnel were Miss Alice Marks Dolman, dietary supervisor; Miss Lucille Dye, laboratory; Miss Gaile Tracht, X-ray; Mrs. H. G. Schilling, pharmacist Mrs. J. C. Quimby, instructress of nurses and Miss Elizabeth Heffner, night supervisor of nurses.

Dr. Milton Jacobs, medical director of Rest Haven Sanatorium, Elgin, is conducting mental hygiene clinics in conjunction with the Elgin Free Dispensary.

Drs. Paul D. Hardin and Lawrence B. Hudson of Hattiesburg, are resident managers of the Kings Daughters Hospital, Hattiesburg, Miss. This recently was acquired by the Mississippi Methodist Conference.

Drs. L. L. Marshall and A. K. Wayman have purchased the private sanatorium conducted by Dr. A. W. Jernigan at Little Rock, Ark. The building previously had been used as a home for the Little Rock Federation of Women's Clubs.

THE HOSPITAL ROUND TABLE

Makes Donations Easy

Many a contribution to a hospital fund undoubtedly is lost through the failure of the prospective donor to have his check book at hand. This exigency was overcome during the recent campaign for Near East Relief in Chicago by the preparation of a folder which contained a negotiable check form. A copy of this form follows:

\$ This is a Negotiable Check 192.....
 Name of bank.....
 Name of city.....
 Pay to the order of the

NEAR EAST RELIEF
 George M. Reynolds, Treas.,

Dollars

Address

Ink for Sterilization Test

Dr. A. R. Warner, secretary of the American Hospital Association, has issued a bulletin containing a formula for making ink for making tests of sterilization that has proved entirely satisfactory. There are advantages in making this up in small quantities and in having a fresh supply more frequently than would be usual in purchasing the ink outside the hospitals, although unopened bottles will keep for a long time unchanged, especially if kept from the light. This ink writes red, but becomes black after sterilization.

The formula follows:

Argent Nit., Oz. I
 Potass. Bitart., oz. I
 Liq. Ammon Fort, oz. IV
 Succh. Alba, drams II
 Powd. Acacia, drams II
 Analine Magenta, drams ss

Extra Charges

A great number of hospitals have inadequate charge schedules and the failure to make proper charges for various services has much to do with the deficits or poor financial showings that are made. In this connection, the following schedule suggested in the Cleveland Hospital and Health Survey report is of interest:

Blood transfusion, private patients, \$50; ward patients, \$25.
 Large surgical dressings, \$1-\$2 each.
 X-ray and stereoscopic examinations, \$10-\$40.
 Board of special nurses, \$1.50 per day and up.
 Plaster casts, \$2-\$10.
 Services of hired anesthetist, \$5.
 Nitrous oxide gas and oxygen, \$5 per adm. hour.
 Salvarsan administration, \$5-\$10.
 Meals for relatives of patients, 75c-\$1 each.
 Cots, \$1.
 First aid service for out-cases, including dressings, \$5-\$10.
 Operating room fee, \$10.
 Labor room fee, \$5-\$10.
 Ambulance service and special nursing at cost and splints and surgical dressings, and proprietary drugs, patent medicines, serums, ampules and special prescriptions at cost plus 10 per cent are suggested. The report also suggests that laboratory fees be asked for Wassermann, blood, stomach, fecal, spinal fluid examinations, etc., for private-room patients.

Monthly Inventories

Dr. W. L. Babcock, consultant on hospital administration for the Cleveland Hospital and Health Survey, has the fol-

lowing to say in the survey report of methods of monthly inventories from which valuable pointers may be gained:

Physical inventories should be taken on the last day of each month, comprising all material stock in storerooms. The practice of most hospitals of depending on book inventories is fallacious and not justified in commercial practice, except for the drug department.

This recommendation comprehends inventory of unlimited stock supplies such as groceries and provisions, household supplies, gauze and cotton, dry goods, laundry supplies, in storeroom awaiting issue. Warehouse supplies should, of course, be included. Once the system of monthly inventories is established on standard inventory blanks, one office employe assisting the steward or proper head of department, can take inventory and complete records in one or two days, depending on the size of the hospital and the amount of goods carried in stock. It is estimated that the hospital which does not carry on inventory a stock of supplies equal to 10 to 15 per cent of its annual purchase, is not taking advantage of seasonable purchases or storage possibilities. In this connection attention is called to the fact that certain supplies, soaps for example, improve in storage, and that but few supplies deteriorate.

Patients' Dietary Slips

The Axtell Hospital, Newton, Kan., has sent HOSPITAL MANAGEMENT copies of the patients' dietary slips referred to by Dr. J. T. Axtell, in his paper in the December issue. These slips are of inexpensive cardboard, green for breakfast, red for dinner and white for supper, and contain a list of foods, one to a line, with space for the patient to indicate his or her choice. The dinner and supper selections are as follows:

- 1—Soup
- 2—Meat
- 3—Vegetables
- 4—Salad
- 5—Dessert
- 6—Bread
- 7—Toast
- 8—Butter
- 9—Tea
- 10—Sugar
- 11—Milk
- 12—Cream

There are additional spaces for extras. The breakfast card, with items numbered and listed as above, contains the following suggestions: Fruit, cereal, cooked or uncooked, eggs, bread, toast, butter, sugar, cream, milk, tea, coffee, cocoa.

Recreation for Nurses

Bertha L. Knapp, R. N., superintendent of nurses, Wesley Memorial Hospital, Chicago, in her annual report 1919-1920 thus discusses the problem of recreation for nurses, a problem that is of greater importance because of the difficulty experienced in obtaining and holding nurse candidates:

"Our aim is to direct social activities along wholesome and healthful lines. One evening is set aside for a strictly social gathering, the nurses deciding what their evening's entertainment shall be. Twenty-five of our students took a course in swimming at the American College of Physical Education, seventy-five are taking gymnasium work at Harden Square. We have Fellowship Circle meetings twice each month. Sunday afternoon and daily morning service."

Hospital Management

Published in the interest of Executives in Every Department of Hospital Work

Published on the fifteenth of every month by the

CRAIN PUBLISHING COMPANY

INCORPORATED

417 S. Dearborn Street, Chicago.

Telephones Harrison 1333 and Harrison 1347.

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SUBSCRIPTION PRICE : : : : \$2.00 PER YEAR

New York Office:

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JAMES KRIEGER, Manager.

VOL. XI

JANUARY, 1921

No. 1

Our Platform

1. *Better service for patients.*
2. *Hospital facilities for every citizen.*
3. *Adequate training for hospital executives and staffs.*
4. *Education of the public to its responsibility and duty toward hospitals.*

Beginning a New Year

As this is printed the first month of 1921 is half gone. The old year, on the whole, saw a marked development among hospitals, although shortage of pupil nurses and help, exorbitant prices and general conditions made it in many respects the worst year in hospital history. Many hospitals, however, look back on 1920 as a year of distinct improvement and progress through the establishment of some new department or more efficient method and they expect further progress during the twelve months ahead.

How will 1921 affect your hospital? Have you any definite goal in view or any specific program arranged? Many a business and professional man delights to make up a schedule of things that ought to be done or that he would like to do and then scratch each one off as it is accomplished. Hospital superintendents can profitably imitate this system which gives them a concrete plan to follow and even if all the objectives are not taken, the very fact that

organized effort is made means that something, at least, will be accomplished.

Without a program a week, a month, a year may slip by without special progress or achievement.

Getting Before the Public

Efforts of hospitals to educate the public and to interest the community in their services and needs are noted in many sections of the country, not only by the use of various publicity mediums, but by numerous inquiries from superintendents.

In this issue of HOSPITAL MANAGEMENT references are made to three different methods of getting before the public. DR. MACEachern tells of the use of a hospital bulletin, issued at irregular intervals, which he believes will be best fitted to attract interest and attention to the 1300-bed Vancouver General, while DR. LIST of Minneapolis General describes a weekly pamphlet published by a city public health association that serves to advertise various phases of hospital work, or, as in the particular issue in question, devotes all its space to a single institution.

Hospitals in small communities no doubt will be interested in the successful "potato day" of the Middletown, O., Hospital, which, while bringing in a large quantity of potatoes, also was a very fine way of winning public attention. Every class of people was reached by the Middletown "day" since receptacles for "spuds" were placed in schools, churches, banks and industrial plants.

There are a large number of people to whom a hospital still is a house of mystery and who in their ignorance of the cost of hospital maintenance regard charges for service as profiteering. As long as this attitude exists, the campaign of education and publicity must continue, and every factor that will assist this campaign is worth that much.

Educate Your Trustees

"I am a trustee of Blank Hospital, but regret to say that I have not paid very much attention to it, except to furnish a certain amount of the annual deficit."

This is an excerpt from a letter recently received by HOSPITAL MANAGEMENT from a manufacturer whose product and whose name is known in the far corners of the earth almost as well as it is on Broadway where his advertising is one of the wonders of that remarkable street. He has the reputation of working hard and of playing hard and it has been said of him that he makes it a point to learn everything he can about every project he affiliates with.

His attitude toward his hospital trusteeship, however, is similar to that held by many another trustee who regards his duty done when he pays his share toward clearing off the annual deficit. And, apparently, no one has taken the trouble to correct his mistaken view. Were he made acquainted with the efforts of the hospital to render better service, of its needs, or were his interest aroused to the point where he would inspect the institution from time to time and give it the benefit of his business experience and judgment the "annual deficit" certainly would be reduced, perhaps eliminated.

Hospitals and hospital association in their campaign of education of the public should not neglect their own trustees.

The Politeness Reporter Calls

The Chicago Tribune recently assigned a "politeness reporter" to the task of mingling with the people of the city and suburbs in all walks of life to discover the most polite person each day and present him or her with a \$50 prize.

One trip brought the reporter into the hospital section of the city, where, accompanied by a woman dressed in rags and feigning illness, he uncovered some interesting sidelights on methods of handling patients at dispensaries. In three dispensaries the receiving nurse evinced no interest in the applicant for treatment and on two occasions her questions brought gruff, insolent replies. The fourth dispensary yielded a nurse who displayed sympathy and genuine interest as she listened to the sufferer's story.

"In this regard," the politeness reporter wrote, "she differed from many of her fellow craftsmen. They seemed to regard the penniless wretches who came to them for help as so many imposters."

Now, this brief investigation by the politeness reporter can under no circumstances be taken as an indication of the average treatment accorded sufferers at dispensaries. The nurses who were rude and unsympathetic may have had many things to contend with that day that put their nerves on edge. But the thousands of people who read the article were given a poor impression of dispensaries and their receiving departments and in their ignorance of hospital methods may have been led to believe that the scant proportion of civility that the reporter met with was a true measure of politeness in such institutions.

This experience with the politeness reporter undoubtedly taught a lesson to the dispensaries involved, and other institutions should profit by it without the humiliation of being "written up" in a most unpleasant light as were the three out-patient departments whose receiving personnel was uncivil.

What kind of a "write up" would your hospital get from the politeness reporter?

Hospital Library and Service Bureau

The announcement of the establishment of the Hospital Library and Service Bureau of the American Conference of Hospital Service should receive more than passing attention from hospital executives. As a study of the program of the bureau will show, the officers of the Conference have mapped out a most comprehensive and practical service and one that should be of immeasurable value to all interested in the hospital and allied fields.

But to achieve the goal visioned by the Conference, the earnest co-operation of every superintendent and person affiliated in any way with the field served must be given. The data and information to be filed by the bureau is not to be fanciful theories or untried suggestions, but the results of actual experience. And this experience must not be that of a few institutions or of a number of institutions in various classes, but of as many hospitals in all classes as is possible to obtain.

In other words, the value of the bureau will almost wholly depend on the amount of assistance forthcoming from those in the field. Any one who has had even slight contact with hospitals realizes the real need and the value of such an organization and the consequent necessity of fullest co-operation.

A Few Thoughts on Hospital Service

It is not always the hospital with the elaborate buildings and beautiful grounds whose patients receive the most expert treatment, or whose nurses are most carefully taught the rudiments of the nursing profession. Beautiful surroundings externally are often made to cover poor equipment and inferior service. . . .

In the management of any hospital or training school, be it large or small, the main factors are best expressed by organization and co-operation. Lack of co-operation is

one of our main problems. Co-operation . . . the perfect understanding and unity of purpose among owners, trustees, staff, superintendents of hospitals and training schools.

The foregoing paragraphs, taken from Miss REDWINE's discussion of problems of small hospitals that is published elsewhere in this issue should be preserved by hospital officers and executives and frequently referred to. Although written for the institution of small bed capacity, they apply just as aptly to the larger hospital.

As a matter of fact, the article in question fairly bristles with interesting comment and practical suggestion and no up-and-doing superintendent can read it without profit.

Hospital Progress in England

A most interesting insight into the hospital field of England is afforded by MR. WATTS' paper reproduced elsewhere which tells of efforts of the British hospitals to combat problems of finance, shortage of help, increased cost and similar handicaps which apparently are not restricted to the American continent. Hints of the development of a program for the education of hospital executives, of the formation of sectional associations and of the need for a bureau of information, such as the Hospital Library and Service Bureau of the American Conference on Hospital Service also indicate that our cousins o'er the sea, although not in touch with developments on this side, are working along lines very similar to those of American hospital associations.

MR. WATTS' suggestion that a central board be organized to represent the various hospital bodies and to unify and co-ordinate their activities reminds us of the American Conference which began that work here about a year ago.

These occasional glimpses of what the other fellow is doing not only are of interest, but of value in inspiring us to greater endeavor in the work of improving hospital service.

Industrial Medicine and the Past Year

Industrial medicine suffered with the general slump of 1920, but it was hardly to be expected that an integral part of industry could escape the effects of universal depression. The fact that medical service was discontinued or curtailed in many plants, however, isn't a cause for alarm or discouragement, as writers in the Industrial Department of this issue point out. It would be just as reasonable for the man in charge of the power plant or factory restaurant to be discouraged because his department wasn't kept in operation during the period of idleness.

Industrial medicine recommends itself to industry purely because, in dollars and cents, it is a mighty good investment. It improves the efficiency of the worker, reduces turnover, decreases compensation. There are many other advantages of industrial medical service from an idealistic standpoint, but industry isn't idealistic and the fact that industrial medicine is profitable is sufficient reason for its retention. The failure of industry to maintain its dispensary service when the shops were vacant isn't a reflection on the industrial medical director, but merely an indication of business efficiency.

Industrial medicine had to contend with many problems in 1920 when labor shortage and other conditions furnished an acid test. The very fact that the profession not only stood up under these handicaps, but even made progress is a cause for congratulation and an augur of greater development in the future. Increased membership in the American Association of Industrial Physicians and Surgeons, the active co-operation of that body with the National Safety Council in the prosecution of a program for better employe health service, and finally, the organization of state chapters of the A. I. P. S. are some of the indications that in spite of the terrific jolts of 1920 industrial medicine is surely advancing.

Small Hospital Has Many Problems

Lack of Co-operation of Board and Staff Biggest Handicap; Difficulties of Training School Administration

By Edith M. Redwine, R. N., Monroe, N. C.

Every hospital should keep two main objects in view, namely, service to the community and the comfort and well being of the patients entrusted to its care.

The hospital which attempts to maintain a training school for nurses takes upon itself a third responsibility—the education of young women for the high calling of caring for the sick.

The institution which is organized for the purpose of deriving revenue and whose directors and trustees interest themselves mainly in the balance sheet is a failure in the true sense of the meaning of the word "hospital."

It is not always the hospital with elaborate buildings and beautiful grounds whose patients receive the most expert treatment, or whose nurses are most carefully taught all the rudiments of the nursing profession. Beautiful surroundings externally are often made to cover poor equipment and inferior service.

It is surprising to learn of hospitals which have opened up for various reasons and maintain what they call a training school, whose governing board has not the faintest idea of what equipment is necessary intelligently to care for the sick or instruct young women in the profession of nursing, thinking that a few beds and an operating room make the hospital. Oftentimes girls who have come from comfortable homes are expected to live two or three to a room in a basement or attic, sometimes not even a nurses' dining room being provided, while lecture room and an adequate teaching equipment is an unheard-of luxury.

PROPER EQUIPMENT IS VITAL

How many hospitals are trying to treat patients and train young women for an honorable profession without any equipment, so to speak? How many hospitals are spending large amounts of money to beautify grounds and equip the general office, where funds are received and accounts kept, but who kick like everything if the superintendent asks for linoleum for the diet kitchen floor, or tries to collect a few books for the nurses' library, or tries to make a few little changes in ward arrangement involving a small outlay of money, so as to save time and steps for overworked nurses? One superintendent was actually told by a member of the board of a certain hospital (a physician, by the way) that she could not make a small change involving an outlay of something like \$3—that there was no need to try to save steps for the nurses since they did not try to save for themselves.

This physician forgot how many extra steps he caused by never by any chance being on time for anything, how many times solutions had to be repeated for surgical dressings, thus using gas, of the wasted time because always being expected, the nurses did not dare start other work. He could make a lot of fuss, however, about the gas bill, blaming it all of course on the poor nurses.

Of course, every hospital must have an income if good work is to be done, but the day of exploitation is over. In former years the student nurse in many hospitals was made a source of income. Now the returns must come from other departments, such as the laboratory, X-Ray, etc. Many hospitals are really only first-class hotels, and the nurses looked upon as highly trained servants. The public needs to be educated as to the function of hospitals and the source of in-

come and its expenditures. For this reason every hospital should publish an annual report. Last year a prominent physician made this remark concerning one hospital in one of our large North Carolina cities—that the prices charged for rooms were exorbitant, the highest priced rooms being about \$28 a week. He said he could run any hospital with student nursing and care for any private patient on \$1.50 a day. He apparently was much surprised to learn that somebody had to pay for even student nurses. He was merely thinking of the dietary department, comparing the management of a hospital to a hotel kitchen. This goes to prove the ignorance of the general public.

In speaking of the hospitals of North Carolina, the term "small hospital," is used advisedly, those with a capacity of 100 beds or less being referred to as such. The small hospital is at last coming into its own, it now being the consensus that the properly equipped small hospital is an advantage, the good work being done being recognized even in the highest circles.

In the management of any hospital or training school, be it large or small, the main factors are best expressed by organization and co-operation. Lack of co-operation is to my mind one of our main problems. The keynote of efficiency is co-operation. By co-operation I mean the perfect understanding and unity of purpose that should exist among owners, trustees, staff, superintendents of hospitals and training schools, student nurses and all employees.

In every well organized institution there is one head. In the average small hospital this head usually is a woman, a trained nurse. She is the official representative of the directors, trustees, or other governing body of the hospital, in all matters pertaining to the management of the hospital and as such should have their hearty co-operation and confidence if she is to do her best work. Too often the superintendent of the small hospital is working night and day (and alone), putting forth herculean efforts, trying to perform tasks beyond the powers of one woman to accomplish, and because of this in her zeal and loyalty she is often misunderstood in the frantic efforts she makes to keep things going and to hold the different departments of the hospital together. Among the trustees, staff and superintendent there must be the utmost loyalty.

As a rule, I find that hospital superintendents are extremely conscientious, working for the best interests of their institution, but instance after instance might be related to show that in the average training school the entire responsibility oftentimes, without any real authority, is thrust upon a busy, harassed woman (because she is paid for it a small salary), who labors along, burdened with a thousand things, struggling for a square deal, bearing blame, unjust criticisms, pleading in vain with those higher up for a betterment of conditions as she sees them, until she can bear the strain no longer and drops out, either a broken-down wreck or goes to a new field where her efforts may be more appreciated.

REASONS FOR NURSE SHORTAGE

Is it to be wondered at then that graduate nurses are giving up hospital and training school work and going into other fields of the profession? This I think can be traced solely to the long hours, small salaries and the lack of support on the part of those who should work in perfect harmony with them. This then is the question, How can we

obtain satisfactory superintendents for our training schools and retain them after we get them? I would suggest one remedy by giving them more assistance. This is the day of specialists, and the hospital superintendent is about the only person I know who is expected to be on the job constantly, or one might say "jobs," for this is more often the case.

To my mind every hospital, no matter how small, should have an assistant to the superintendent. In the very small hospital I would recommend that this assistant be a trained dietitian. Every hospital with a capacity of 50 beds should have a superintendent and assistant, surgical supervisor, night superintendent, and dietitian, and for every extra 25 beds there should be another graduate nurse, though this arrangement might depend largely upon the amount of work being done, for after all it isn't so much the size of the hospital that counts, but the amount and character of the work. Being aware that the plea will be put up that the average hospital cannot afford so many graduate nurses, I can only say that anything else is poor economy. Of course, it might be advisable in some institutions to use senior student nurses in this capacity, but with the present shortage of nurses this is hardly practical. Nevertheless, the fact remains, it is impossible for one woman to attempt as much as I know some of them are doing, and do good work. She must have time to think and plan, to work out the problems which the times call for, in other words, to marshal her forces, which she certainly cannot do if she attempts to do the work of three or four people. She should be sent away occasionally to get new ideas. It may be an expense, but it is an investment which will bring good returns in the renewed interest with which she returns to her work.

The next problem with which we have to deal is the shortage of student nurses, which is acute all over the country. I think I can do no better than to quote from an article of Miss Isabel Stewart of Teachers' College:

"The cause of the acute shortage of student nurses in the rank and file of nursing schools antedates the war. The root of the trouble is largely economic. The remedy lies in better provision for the nursing service in hospitals in order to enable them to provide conditions which will attract young women in larger numbers.

"These conditions are: Shorter hours of duty, less housework (at least after the elementary period); better housing conditions; improved teaching personnel, equipment and methods; wholesome recreation and social life; the elimination of the old rigid system of military discipline, and a greater measure of self-government.

"With many other occupations inviting them and offering attractive opportunities and easier conditions of life and work, it is not perhaps surprising that many who are deeply interested in nursing should hesitate before the long and exacting training and the very real sacrifices which as a rule are involved in the work of a nurse. There is no question but that hospitals have as a rule placed much too great a burden on their student nurses."

EIGHT-HOUR DAY INSTALLED

As to shorter hours for student nurses, this is coming as soon as a sufficient number of nurses can be secured. Two schools in North Carolina already have installed the eight-hour day, with 10 hours for night nurses, but we do not wish this system confused with an eight-hour law. It is not planned that the nurses may work less, but that they may have more time for study, class work and recreation.

When this eight-hour system is installed we must impress it, though I feel sure that no nurse, either student or graduate, who has the good of her profession at heart, if she really thinks, will want to bind herself to an actual eight-hour duty, thus placing the profession on a trade basis.

She must be taught that the man who wields the hammer, can lay it down when the clock strikes the hour, but the

nurse, who is holding a precious life in her hands, so to speak, cannot so easily lay it aside. The staff of the hospital can do much towards hastening the day of shorter hours for student nurses. How many doctors have formed the habit of leaving their hospital work until the evening hours, thereby causing tired nurses to remain on duty and away from lectures?

In many instances maids may be provided to do some of the menial work that now is being done by student nurses, thus giving them more time for the actual care of the patients. In how many hospitals have we seen a senior nurse leave a patient between bath blankets to answer the telephone or door bell, or have seen patients wait for attention while nurses were sweeping, washing dishes or scrubbing bath tubs? Any of this can be done by a maid. Where maids are employed it still is necessary for the nurse to do a certain amount of cleaning in order to learn how and to be able to direct others. No good nurse should be above wielding the broom or scrub rag if this means the comfort or well being of her patient.

In 1919, I think it was, Dr. Lewis F. Jermain, of Milwaukee, made this statement:

"The training of the nurse still is to too great an extent looked upon as distinctly manual and the training school part of the hospital service, rather than as an educational institution. Theoretical and practical work should be well balanced and the nurse need not be trained solely because the hospital needs her, but because the hospital has something to give her."

And again: "In the proper education of the nurse all agencies available should be utilized to the fullest extent. Service to the sick no longer means only manual care and sacrifice of self, but new and ever widening activities are opened up no less essential than personal care."

From the day of entrance into the hospital, class work should begin, a preparatory course being planned especially for probationers. This course, if wisely mapped out, will cover the exact period of probation, which, by the way, should be at least three months.

At the end of this course an examination should be given on each subject taught and the acceptance of the probationer based on her general educational knowledge as well as from a nursing standpoint. The work done during this period, both theoretical and practical, should go hand in hand, the one balancing the other, the pupils being supervised as closely as possible by superintendent and her assistants, for it is this personal equation which counts for so much in the small training school.

EMPHASIZE NEED OF INSTRUCTOR

The need of an instructor should be emphasized. A busy superintendent cannot give the time and attention to the detail work that is so important in the first year or two of a nurse's training. Where it is not possible for one school to employ an instructor, two or three schools in a community might employ one together, for here again we need co-operation and unity of purpose. In the same town classes might even be combined, thus stimulating interest and competition that would be invaluable.

I haven't time to go into the methods and procedure of teaching the various classes. Suffice it to say that better lecture rooms and teaching facilities should be provided and that more stress should be laid upon clinical teaching. Here I feel that our doctors are shirking their responsibility. They give splendid lectures in the class room but fail to see why they should follow this up in the wards, since there is a superintendent and head nurse paid for this purpose. Now I feel that better results would be obtained if the doctor made the nurse feel that he was personally interested in her daily work, that he looked upon her as his assistant and that he was depending upon her in the care of his patients. How

many splendid opportunities are lost because members of the staff are failing to realize the responsibility in the education of the nurse, their only interest seeming to lie in their right to criticize!

Lecture room work is invaluable, and we cannot get along without the help of the medical profession, but we must bear in mind that we are training future nurses and not merely girls who are to take the State Board examinations. Girls from any walk of life can attend a course of lectures for three years and pass an examination, but that does not make them nurses. How many times after lectures and examinations are high grades given and the lecturer goes about boasting that those girls passed an examination that medical students could not pass, while all the time the superintendent is failing to get satisfactory, practical work in the wards?

In one school a doctor taught a class of senior nurses a certain branch of medical training. On the examination very high grades were given and the doctor did the usual boasting. Some time afterward he came into the hospital to see a patient. The superintendent and head nurse were busy, so one of these senior nurses was detailed to go with him to see the patient. He made considerable fuss about wishing he had somebody who knew something, then ordered a simple drug, went to the office and told the superintendent he had ordered it and said he wished that she would see that it was given properly. Now this doctor missed a wonderful opportunity of winning this nurse's confidence and of teaching her to apply her knowledge. As she said afterward, "What is the use of going on? If the doctors don't trust us now they can't trust us after we graduate."

This nurse, though a college graduate, did not finish the course. It is my opinion that doctors can do much to bridge the gulf that seems to be opening up between the two professions that should be one, by being ever kind, considerate and thoughtful to the student nurse, remembering that the student nurse of today is the graduate nurse of tomorrow, and is daily looking for guidance and instruction which should be given by example as well as by precept. This also applies to directors and trustees of hospitals, for they, too, are responsible and should be considered members of the faculty.

A reason should be assigned for everything that is taught the student nurse. Teach her to ask questions intelligently, until she thoroughly understands all she has to do. What to do with the candidate who may possess every desirable qualification, but who is decidedly lacking in the preliminary education required of the nurse of today is a problem yet to be solved.

What shall we do with her? Shall we condemn her for that which is her misfortune rather than her fault, or shall we undertake to teach her the fundamental principles?

LITTLE TAUGHT OUTSIDE CURRICULUM

In the average school there is little time devoted to the procedure of teaching that which lies outside the regular curriculum. If weekly classes could be organized for those deficient in the three R's, with monthly contests, spelling matches, discussion of current events, etc., these to be conducted in turn by the senior nurses, it strikes me that an atmosphere of sociability and helpfulness might be created which undoubtedly would place the school on a high plane of usefulness in the community where it stands. If our high schools could be induced to organize classes for these and other girls who cannot perhaps spare time to attend school all day, or if a tutor could be employed to come into the school for an hour or two each day, many a good girl might be kept in the profession, for those girls who have the energy and ambition to study in order to complete the course would without doubt give us the material of which good nurses are made.

Another big problem in the hospitals of North Carolina is

the proper teaching of dietetics. By all means every hospital should have a trained dietitian. But we can't afford it, is the cry. Personally I cannot see how you can afford not to, for you must admit that this is by far the most important and oftentimes the most neglected department of the hospital. All your medicine and surgery goes for nothing unless your patient is properly fed. To those hospitals which feel that they cannot alone support a trained dietitian, let me suggest that two or three hospitals in a town or community employ not a traveling dietitian but a whole-time officer who can devote two hours for two or three days per week to each hospital, thus giving the entire course of 40 lectures on nutrition and cookery, and 10 lectures on diet in disease, together with the necessary laboratory work as required by the standard curriculum, besides having the opportunity to do follow up work, working, of course, in conjunction with the matron or housekeeper. It is very necessary that the dietitian come in actual contact with patients, making daily rounds, receiving complaints in person, etc.

Another problem is that of punishments. This is a question which I prefer not to discuss. I do not like to feel that a young woman who takes up such a sacred profession as that of nursing, needs to be punished like a naughty child. However, I do not believe that a nurse's time should be taken except in rare instances. To do so continually only makes her resentful; neither should she be humiliated in the presence of patients by having her cap taken. After a time it becomes a joke and she loses all respect for that which is her only badge of authority.

Privileges may be taken away. In other words, fit the punishment to the crime as nearly as possible, at all times endeavoring to make her see wherein she is at fault and that restrictions are not placed merely as a punishment for wrong doing, but that she owes it to herself and others to make the wrong right so far as she can.

NEED FOR AFFILIATION

Much has been said about the allowance of the student nurse. This I think is a minor detail, though it seems to be the opinion of a few that small sized salaries should be paid. I do feel that everything should be furnished the student nurse so that her education will be no expense to her, but but when it comes to paying small sized salaries, as some have suggested, I feel that a big mistake will be made. When you acknowledge that you are paying for services rendered you will do away with your training schools and be employing maids or practical nurses, or else you will be teaching nurses to imbibe the mercenary spirit.

There is need also for suitable affiliation. I hope the day is not far distant when the hospitals of North Carolina can exchange nurses, thus providing for a general all around training, including practical work in contagious diseases, tuberculosis nursing, mental nursing, public health, etc., with elective work in the branches for which they are most fitted.

Interest might be stirred up if prizes and scholarships were offered.

There surely is some one on the staff or governing board of every hospital who can afford to place a worthy young woman annually into a field where her services would be invaluable. Think what it will mean to the training schools of North Carolina—when we can train our own superintendents, instructors, dietitians, and are not dependent upon the large hospitals of other states.

Publicity concerning nursing education is being scattered broadcast over the country, and North Carolina must do her part. This is being done by written articles, talks in schools, colleges, before parent-teacher associations. In North Carolina we are hoping to be able by some method to secure funds to send some one into rural districts, churches and Sunday schools.

English Hospitals Hard Hit, Too

Institutions Across the Sea Harassed by Adverse Financial Conditions, Labor Shortage and Other Problems

By George Watts, Secretary, City of London Hospital for Diseases of the Chest. President, Incorporated Association of Hospital Officers

[EDITOR'S NOTE: The following article, taken from the presidential address at the 1920 meeting of the Incorporated Association of Hospital Officers which corresponds to the American Hospital Association, shows that British hospitals are facing many problems similar to those confronting institutions on this side and are developing programs that have much in common with American hospitals. English superintendents are called "secretaries" and the hospital "committee" corresponds to our "board." This paper is reprinted from *The Hospital Gazette*, London.]

There have never been such times in the hospital world. We used to find the future interests of the hospitals comprised in half-a-dozen subjects. Some of the problems have solved themselves, others have become comparatively unimportant. The hospitals are now engaged in a great war of their own against adverse circumstances, and most of the old landmarks have disappeared.

It will be following precedent to make a few remarks on the recent work and achievements of the Association itself, but these I may perhaps refer to quite briefly, because it is rather upon a subject of special importance that I can most usefully offer some observations. The interests of hospital officers are so closely interwoven with those of the hospitals themselves that, although not specifically referred to in the objects of our Association, there appear to me to be lines of development open to the Association which now, if at any time, require attention.

Our Association may claim to have got through the difficult time of war creditably. The formation of new units and branches shows that its vitality has not lessened. It is natural that representations on subjects such as pensions and an approach to standardization of salaries and wages should emanate from the Association, and these represent a part of its useful work during the past few years. The revival of the educational course and its extension to the almoner's or social side of hospital work is another valuable feature of the Association. A well-established system of education for the junior officers cannot but result in an advantage to hospitals in general.

FINANCIAL PROBLEM PRESSING

Before proceeding to the subject which I have particularly in mind, it is necessary to refer to the general situation of the hospitals. Varying views of the future of the hospitals abound. The main questions are obviously those of financial provisions and measures to preserve the voluntary principle while providing hospital accommodation on much broadened lines. The most sanguine believe that the preservation of the voluntary hospitals can be assured once the general debts, the cost of building renovations, and the necessary expenditures for additions, have been met by grants such as that (for London) from King Edward's Hospital Fund (£250,000) and that of the National Relief Fund (£700,000), and the raising (as anticipated) of a large sum by the British Red Cross Society and other organizations. Whether the individuality of the hospitals, and the special support to them of different sections of the public, can then be fully preserved is a matter for doubt. It can be readily believed that a sustained effort by a central organization would result in the raising of considerable sums of money, including workmen's and employer's contributions, and that these, supplemented by contributions by patients and, perhaps, paying-

hospital adjuncts, and even payment by the State for hospital treatment of insured persons, would prevent the sacrifice of the voluntary hospitals. Then there is the suggestion of State subsidy as the only solution, but that extreme course does not appear imminent. Even that might be unexceptionable on the lines of the education grants.

In the direction of raising funds the assistance of the British Red Cross Society should prove invaluable, and the lucid public statements by Sir Napier Burnett play no small part in making clear to the public the serious situation of the hospitals. As Sir Napier Burnett remarks, "The chief difficulty lies in the fact that one hospital, which has ample resources, cannot be expected to subsidise other hospitals from its surplus funds." This goes some way to remove the misconceptions which might arise from his general statement of the complete solvency of the provincial hospitals as a whole by making it evident that the good fortune of one is no help for the poverty of another. The setting up of an authority "invested" (as he expresses it) "with the necessary qualifications for the supervision of all hospitals throughout the country and to allocate grants on an equitable basis" is a natural corollary of the central collection of funds. There must be varying needs, since the income of hospitals, especially as regards legacies, depends upon all kinds of circumstances—size, situation, etc. Human nature being frail, the distribution would have to be made with great circumspection, otherwise the management might get to depend too much upon the central organization for a hospital's upkeep.

GREATER UNIFORMITY DESIRED

It is probable that some greater degree of uniformity in expenditure, and certainly a higher standard of efficiency, would result from more uniform methods which an extension of each hospital's functions to cover research, so strongly advocated, would effect. Greater uniformity in the equipment and standard of work of hospitals doing the same class of work would have a large effect towards equalizing the cost per bed, and so render comparison more equitable.

The question of the degree of supervision which a distribution body such as that suggested could reasonably claim is interesting, but I do not propose to offer any remarks on that subject further than to say that, in my opinion, the functions of such an authority should be limited and not embrace questions of policy.

There have been suggestions made in regard to the present nursing difficulties and on the subject of the medical staff arrangements to which I should like to allude, namely, that these services should be provided by central bodies. Any means which would ensure an adequate supply of nurses would be welcome in these days, provided discipline were safeguarded. Such a scheme for either purpose would have advantages in promoting the greater uniformity of conditions of service which appears to be desirable, but I cannot pretend to have more than a slight knowledge of the subject. In regard to a central service of consultants, it is not evident how the medical schools would preserve their individuality.

In regard to matters of policy and management, let us look at things from the points of view of possible critics of the present attitude of the voluntary hospitals. It is not

easy to be confident that we see quite clearly the trend of events. The hospitals are absolutely lacking in any real co-ordination. Questions affecting them, not singly but as a body, are coming to a head, and there is no collective action possible under present conditions.

The Pensions Ministry has already experienced the inconvenience of there being no unity in the voluntary system. The Ministry of Health is in a similar position. Both have naturally gone to the British Hospitals Association as a channel. The London County Council urges the need for a suitable body with which they can negotiate. I firmly believe that, unless some co-operation between the hospitals in this respect is achieved, it will mean the end of the voluntary system, and that this question is as important as the financial one.

The voluntary hospitals throughout the country provide, on a scientific standard, the most valuable accommodation, but to an extent which falls far short of the needs. Pending decided measures being taken by the Ministry of Health, various arrangements are coming into force. In the provinces there are instances of the municipal hospital. In London the merging of voluntary and poor law institutions is advocated. In one case in London it appears that a voluntary hospital has accepted the responsibility for medical treatment of patients in a poor law institution, but how long the administrative and financial control can be separated from the body providing the medical services is a matter for considerable doubt. From the point of view of the voluntary hospitals, if adequate funds are obtainable, the transfer to their management of poor law institutions would be, I suppose, a most acceptable arrangement. To what extent State aid would be given is not apparent. There are advocates of a dual system of voluntary and municipal hospitals. It is difficult to estimate to what extent voluntary support would be accorded if hospital treatment were made a direct object of taxation.

NEED BUREAU OF INFORMATION

The need for co-operation exists in relation to all these external and also to internal affairs. How many chairmen and members of committees put the question: "Do you know what other hospitals are doing? Surely there is some common policy?" As an experienced member of my committee has written to me, "Much time would be saved and less ignorance would have to be enlightened if the more obvious facts of hospital management and the standing details of each institution could be made available for quick reference." The formation of a bureau of information has been the subject of serious consideration by our Association, but I must confess that it hardly appears to me that it is the function of our Association to provide it, because (1) we have not, as a body of officials, power to demand information; (2) we have not the financial means of setting up such schemes.

But although these internal requirements show the need of co-ordination, that need is far more urgent in relation to outside bodies. At present large questions are decided in widely different manner by individual hospitals. An immense amount of labor and time would be saved by the settlement of these through a central body, leaving more time for dealing with each hospital's domestic affairs. The unfortunate results of lack of unity have been illustrated most notably by the terms arranged with the Ministry of Pensions for the treatment of ex-service men, and still more unfortunate results are likely to accrue from the partial combination of the hospitals in connection with the claim by a union of the hospitals in respect of hours and wages of some classes of hospital workers. The first example illustrates most clearly the need of the fullest representation of different types of hospitals in all negotiations involving scales of payments for services to public bodies. The second matter referred to, namely, the arrangements for a fixed standard of hours and wages of hospital employees in the lower grades, merits some fur-

ther remarks. It appears regrettable that those hospitals whose employees have no reason for discontent should be forced to conform to a standard which is based on absolutely different conditions of work—the standard which is applicable to precarious trades. It must tend to affect the many advantages, such as considerate treatment in ill-health and pension benefits, which have been enjoyed by the majority of employees affected, besides disturbing the *esprit de corps* which is so evident among the older employees of whatever class. No doubt some approach to uniformity is desirable, but the standard adopted is far from satisfactory in the circumstances of some institutions. If the voluntary system is to continue there can be no doubt that more uniform methods of working are requisite. To achieve that, machinery is needed to reconcile the differences with the least friction.

The plan which I would venture to suggest is the setting up of a central board composed of chairmen of and members of committees and also of chief administrative officers. To work effectively such a board should be limited to a reasonable size. It is hardly conceivable that each and every hospital could have representation upon it, and for that reason the election of committee members might, I consider, be appropriately arranged through the British Hospitals Association; while the administrative officers should be elected through our Association.

CENTRAL BOARD SUGGESTED

The British Hospitals Association already embraces representatives of a large majority of hospitals. It provides an easy means, if given the authority, of election of committee representatives as suggested. Its present functions would not necessarily be disturbed, and its new regional plans would be an assistance in the establishment of provincial boards. I do not think, if my contention is correct that the hospital officer is the best judge of his brethren, that the British Hospitals Association is equally fitted to provide for the election of the administrative officers, whose presence on such boards in some capacity would presumably be necessary in any scheme.

A body composed of members of committees and some proportion of chief executive officers, combining, in the committee representatives, the directing hands, and in the paid officers, the practical administration, would consolidate the best hospital experience. I believe that committees generally will consider that a central body, framed as suggested, would be strengthened by the election of the executive officers by their compeers. I do not think that I am exaggerating the importance of the executive officer. During the war it was demonstrated in what a high degree the hospitals depended upon the efficiency of the executive officers. Attendance at committee meetings declined generally. To put forward this proposal is not to diminish the over-ruling authority of the hospital committee. I do not think we need fear that it could be regarded as a "labor movement." Although the method is similar, perhaps, to that of a conciliating board, the objects of the suggestion are widely different from the functions of a board of that kind. At the same time a body, such as that might usefully deal with questions of remuneration of different classes of hospital workers. In the composition of the boards an important factor would be the adequate and proportionate representation of the interests involved, viz.: of general hospitals with medical schools, those without medical schools, the special hospitals, and the medical staffs. The expenses would reasonably be met by a levy upon the hospitals, and means be thus provided for various purposes, such as the circulation of information.

I think that one can see most valuable results to our Association from the establishment of such a board. It would be immensely strengthened by the more active adherence of senior officers—which might be expected not wholly by reason of its being an elective body, but partly by reason of the greater importance which would accrue to it.

Textile Prices Continue to Drop

**Sheets of Standard Hospital Quantity Show 20 Per Cent Decrease;
High Grade Canned Fruits Firm; More Sales Are Reported**

High grade canned fruits and vegetables in No. 10 cans practically held their own during the past month, although cheaper varieties showed a decrease and there was a slump in the No. 2½ and smaller cans. Pie goods also dropped slightly. The firmness of the better grades was attributed to the fact that there was a restricted pack in these lines because of labor and material conditions last year and a shortage of large containers.

With the gradual decrease in the supply of these goods, prices are expected to rally. Some dealers reported a comparative scarcity of goods packed in 1919, on which price concessions are made, and when these are disposed of the prices are expected to advance, as a growing scarcity, due to the limited 1920 pack, will be in evidence until the 1921 pack begins to come in in August.

Some slight improvement was noticed in sales in canned goods, as consumers took advantage of the tempting prices to replenish their stocks. The cautiousness that has characterized buyers in practically all other lines, extended to this field, however, and the sales were under normal.

The tea and coffee market, as far as hospitals were concerned, likewise showed no appreciable change in the thirty days preceding January 15. Although the wholesale price of coffee increased slightly, due to the improved rate of foreign exchange and other factors, this small fluctuation was not sufficient to affect the price to hospitals and unless there was a material betterment, distributors predicted that consumers would not be affected. The "buyers' strike" which limited the purchases of food, clothing or supplies to immediate needs also shows signs of waning in this market, several concerns reporting indications of more liberal purchasing.

More favorable conditions for hospital buyers also obtained in the textile markets where, for instance, a standard sheet, 72x99, was quoted at \$18.25 that a month ago had been priced 20 per cent higher. Pillow cases showed a proportionate reduction. Distributors, however, vouchsafed the information that a firmer market would prevail later this month on account of the difficulty of the mills in getting raw material. Many mills were facing a shut down because of inability to obtain cotton and the shortage of finished materials would be increased, it was asserted, owing to the fact that considerable time would elapse between the re-opening of the mills and the appearance of new sheeting on the market.

Blankets showed a slight decrease in price over the previous month and it was predicted that an even slightly lower level would be touched.

Noticeable reductions in gauze and cotton also were to be noticed on January 15 in comparison with the same period in December. Gauze that was priced \$8.50 a 100 in December could be had for \$8 and 60 cent cotton was down five cents. Enamelware was down about 20 per cent and the same general decrease was to be noted on instruments.

Hot water bags and tubing were about the same, but rubber gloves showed a slight decrease, one grade being offered at 65 cents that had cost 70 in December.

Very little change was reported in glassware of which the supply was limited. Thermometers were unchanged.

The drug market in mid-January showed signs of further improvement, as prices of some crude drugs declined. The general business slump and industrial depression, however, had its effect in handicapping production. Although American manufacturers are rapidly improving methods of producing drugs and materials that were brought into use through the interruption of imports, dependence still is placed on imports for a great quantity of supplies for the

drug room and the general condition of this market is one of uncertainty and fluctuating prices. Stocks are slowly improving, however, and the feeling is that conditions more approaching to normal will obtain within a comparatively short while.

The January bulletin of the National City Bank, New York, has this to say of the general business situation:

"The general business situation has exhibited during the past month the same trend that was manifest in October and November, and will have to run its course until readjustments are accomplished. It cannot stop with the industries in an unbalanced situation, part of them down to approximately a pre-war basis and part of them on the war basis. Either the former must recover the position they have lost, or the latter must come down to the new level, and the present situation is not promising for price recoveries.

"Bradstreet's table of wholesale prices on December 1 was down 34.7 per cent from the top in February. Bradstreet's figures by groups, are as follows:

Commodity—	% decline from peak
Breadstuffs Textiles (including raw materials).....	54.2
Breadstuffs	28.
Live stock	19.5
Provisions	13.8
Hides and leather	33.2
Metals	33.6
Vegetable oils	34.2
Naval stores	49.5
Miscellaneous	50.4

"Bradstreet's index of foodstuffs on December 16 showed a decline of 31.5 per cent from the corresponding week of 1919.

"The declines in the principal staples have been less in recent weeks, indicating that they have about reached bottom, while other commodities are now following and coming into line with them. This is the logical and usual procedure of readjustment.

"Of course this state of unsettlement is unfavorable to industry. Retail merchants have been buying only to sort up their stocks, jobbers have run down their stocks, orders for goods have been cancelled in great numbers, and manufacturing establishments have slowed down production or shut down completely. Some of them have been running part time, and accumulating goods, to hold their organizations together and afford some earnings to their employees, but such operations are without hope of profit, and at the risk of serious losses in a time like the present, when costs are likely to be reduced in the near future. The operations of an important industry run into values very fast, and few companies are strong enough to keep up their outgo for very long unless the goods are moving and producing an income. Moreover, it would be ruinous to do so on a declining market.

"It is unfortunate to have production curtailed, because the fundamental need of society is for more goods, but when industry gets out of balance and goods can not be distributed, a temporary slowing down, during the period of readjustment, is unavoidable."

Hospital Plans Campaign

The North Shore Babies' Hospital, Salem, Mass., will conduct a campaign for \$250,000 in the spring for the erection of an all year hospital. The present hospital is operated only during the summer and the demand for an all year institution for the treatment of infant patients is great. The new hospital will be designed by Edward F. Stevens, Boston. Will, Folsom and Smith, New York, will manage the fund raising effort.

Matron Service for Plant Hospital

Winchester Repeating Arms Company Dispensary Keeps in Constant Touch with Employees and Sanitary Conditions

By M. Z. Westervelt, M. D., Medical Director, Winchester Repeating Arms Company, New Haven, Conn.

According to our Standard Procedure No. 426 the "Medical Division shall be responsible for making all physical examinations of prospective and present employees, and shall control the work of the Emergency Hospital, Matrons, Visiting Nurses, Rest Rooms, and the Hygiene and Sanitation of the Plant." Of all these activities the work of the emergency hospital comprises the great part—in volume, at least—and therefore we will confine ourselves chiefly to that.

Our hospital consists of a suite of ten rooms as follows: waiting room, a main "dressing" or emergency room, operating room, women's ward, men's ward, X-ray room, stock and drug room, doctor's office, dressing and retiring room for

circuits of the entire plant each day. In this way the hospital is kept in constant touch with conditions all through the shops and offices, both as to the employees themselves and also as to sanitary conditions. Every twenty minutes each matron calls the hospital by 'phone, reports her findings for the preceding period and gives her route for the following period. This not only assures prompt attention in all reported cases of defects and complaints, but makes it possible for the hospital to locate a matron at any time should a call for one come in from any part of the plant. We consider the matron service a very important part of our work as it forms a real, visible link between the employees—especially the women and girls—and the medical department.

THE MEDICAL STAFF

Section 5347 of the Connecticut Compensation Laws says in part: "Any employee who has sustained an injury in the course of his employment shall forthwith notify his employer or some person representing him; and . . . the employer, as soon as he has knowledge of any such injury, shall provide a competent physician or surgeon to attend the injured employee, etc., etc." We have not been able to find any qualifying phrases in the foregoing that would warrant us in not having full-time physicians in attendance at our hospital. There is nothing stating how severe the injury must be to require the attention of a "competent physician or surgeon," nor is there any clause or phrase that says that a nurse, trained or otherwise, is to be the judge as to which injuries do or do not need the care of a "physician or surgeon." In view of all this we do have a full-time physician in charge of our Medical Department and hospital work. There have been times during the past four years when we felt we needed the services of four such men, and we had them, too.

At that time we were averaging between 300 and 400 patients a day—a number too great for one man to see, and yet the law says, "ANY employee," which undoubtedly means EVERY employee who is injured shall have the services of a "physician or surgeon." Hence, the increase in the number of physicians as the need arose. In addition to our physicians we have female trained nurses on the day staff and male trained nurses on the night staff, the hospital being open twenty-four a day from Monday morning to Saturday evening.



SOME OF THE EQUIPMENT

the female help and a similar one for the male help. In addition to these the stock room was sub-divided so as to provide a dark room for the developing and printing of our radiographic work.

In the main dressing room are four "dressing stations" for upper extremities and two for lower. In addition there are four chairs provided with wing arms whereon bowls are placed for the immersion of infected injuries, thus leaving the dressing stations free for the non-infected cases and new injuries. There is also a "station" for the care of eye, ear, nose and throat affections or injuries. The filing cabinets and clerical quarters occupy one end of the room while from the other open the operating room and doctor's office.

The operating room is equipped to do any kind of operative work, but only such as is usually done under a local anesthetic is attempted. This includes amputations and all ordinary repair work required by reason of accident or injury received while at their work. Cases requiring a general anesthetic are immediately transferred to one of the city hospitals.

The wards, both male and female, are furnished with three beds each, the beds being separated from each other by sliding curtains, thus enabling the occupant of a bed a privacy which is impossible where no such provision is made. Employees are not allowed to remain over night in the wards, but, if unable to return to work are conveyed to their home. In the women's ward is located the headquarters of the matrons. These women, three in number, are continually circulating around through the plant, making two complete



MAIN DRESSING ROOM



Two Important FEATURES—

Unlosable Washer
(Cannot Drop Off)

Pleat All Around
(Gives Large Capacity)

ALL "Meinecke" Ice Bags are fitted with our patented Unlosable Washer and have a pleat all the way round to give extra capacity. These Ice Bags are made of our well known Maroon Rubber which will not get hard, soft, crack or peel off, and they can be depended upon to give the maximum Ice Bag service, either from the viewpoint of durability or utility.

A—Progress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon Rubber. The best all-around Ice Cap made.

B—Perfection Ice Bags. Made in three sizes, namely, small, 5x9, medium, 6x11, large, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, and the lower part of all Rubber Stock. The box-like pleats permit this Bag to assume a square shape when filled.

C—Army and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, large size, (for adults) 12½ inches in diameter, small size, 10 inches in diameter. Made of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag for use in fever cases, as the ice can be centered over the base of the brain. Loops are provided for tying on, in case the patient is delirious. This Ice Cap can be flattened out to form a large round Ice Bag, for use when a large area is desired to be covered, especially over the chest or abdomen.

D—Progress Throat Ice Bag. Made of Cloth-Inserted Maroon Rubber in two sizes, namely, small size, 10 inches, large size, 12 inches. For application to the Throat or head.

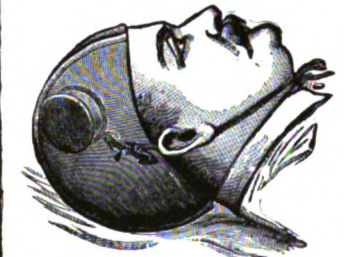
E—Face and Ear Bags. Made in one size only, of all Rubber Stock, for use on the forehead, back of the ear or back of neck and over the head. This Bag can be used for either Ice or Hot Water. For tying on purposes this Bag is provided with a linen bandage which fits over the Cap.



A—"Progress" Oblong Ice Bag.



B—"Perfection" Ice Bags.



C—"Army and Navy" Combination Ice Bags and Helmets.



D—"Progress" Throat Bags.



E—Face and Ear Bag.

MEINECKE & CO., New York.

furnished it. Another conservative estimate is that fully 40 per cent would have lost more time than that shift, had we not been able to treat them, and by this treatment we were able to abort some illnesses that might have been severe. This medical work was done at the cost of five and a half cents per individual case."

During the year the Fairbanks Morse Hospital Department sent out to branch houses 153 first aid boxes at very low cost. These boxes were designed by Dr. Schram with a view of treating accidents suffered by erectors in the field who frequently sustain minor accidents, which, if neglected, may prove serious. As it is not always possible to go to a surgeon or hospital for treatment the kit was devised.

The box is made of galvanized iron and is strong enough to be carried in a tool box with heavy tools, without danger of injuring the contents. The kit contains the following articles:

- 4 one inch bandages
- 3 one and one-half inch bandages
- 2 two inch bandages
- 1 one-half ounce package cotton
- 1 one ounce bottle lysol
- 1 one ounce bottle picric
- 1 one ounce bottle iodine
- 1 one ounce bottle alcohol
- 1 one ounce bottle collodion
- 1 one ounce jar ointment
- 1 package applicators
- 1 package gauze
- 1 small roll adhesive

Each box contains a card of instructions to guide the erectors in using the contents.

Regarding the convalescent cars of the injured, Dr. Schram reported that 34 of the 3,246 eye injuries were sent to an eye specialist. Of the other cases, three were sent to a masseur, four to a dentist and in five cases an outside surgeon was called into consultation as to a definite diagnosis or to pass on a disability.

In explaining the work of the hospital department Dr. Schram adds:

"As to the equipment of the hospital, we are able to take care of the first treatment of all cases injured on the plant, and subsequent treatment of our ambulant patients. Those requiring hospital care are placed in the downtown hospitals, as we have no beds in our hospital at the plant."

A closed automobile is at the disposal of the hospital department exclusively.

The hospital quarters are in the main office building, and plans are being prepared for improvements which will offer facilities for more extensive work.

The personnel of the Safety Department includes S. H. Slaymaker, superintendent of safety, C. E. Taylor, safety inspector, and Electa J. Smith, records.

The work of this department in 1920 may thus be summarized:

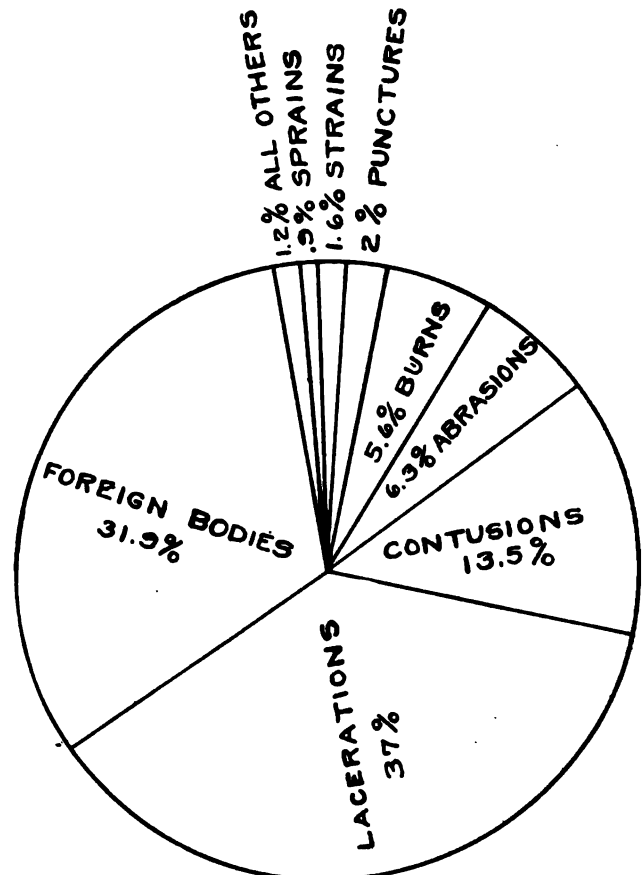
	1920	1919	Percentage of Reduction or Increase
Lost time injuries.....	375	432	13.2
Days lost to injured.....	3,554	3,710	4.2
Days charged to permanent injuries	13,574	16,367	17.1
Hours worked	9,235,577	8,547,496	7.5

There were one fatality each in the two years and two cases of lost vision in one eye. A comparison of permanent injuries, exclusive of those mentioned, is as follows:

	1920	1919
Electric shock	0	1
Arm injuries	1	2
Other eye injuries.....	3	1

Finger injuries	5	7
Thumb injuries	0	1
	9	12

A feature of the safety work during the year was an investigation of work shoes with the idea of adopting a standard design. This investigation continued through the summer and fall and a shoe embodying the following specifications was adopted and sold to the employees: Nodlin soles and rubber heels for pliability and reduction of fatigue



NATURE OF INJURIES TREATED

on cement floors, army last for comfort, and a heavy box toe that will withstand 300 pounds pressure for safety. In addition the uppers are soft, though strong, and the shoe has a dressy look that makes it more appreciated by employees. A congress shoe of the same style except a soft toe is furnished for foundry use.

The safety report concludes:

"It would seem that although 1920 shows some improvement over 1919, yet accidents are far from a minimum. Little further progress can be made in mechanical safeguarding and it would now seem that with the present backing of the shop, safety should go a little deeper into education. One method used successfully by many companies is a system of shop safety committee: (first) a general committee comprised of the chief superintendents; (second), department committees of all foremen and under the chairmanship of the superintendents; (third) workmen's committees in each department. The workmen's committees are changed at intervals with the idea of reaching the greatest number so educate in time along safety lines, the larger part of the staple force. The last named committee could be dispensed with, but never the first two. Without the active backing or the chief executives or without the wholehearted belief in and assistance to the cause by the foremen, safety will never make much progress.

"A special drive will be conducted each month, such as January, ladders, February, care of injuries, March, unsafe clothing, etc."

Adrenalin in Medicine

6—Endocrinology

THE action of Adrenalin is so fleeting as to narrow the scope of its utility in organotherapy. Its important place in clinical endocrinology is that of a diagnostic indicator of deviations from the normal secretory activity of certain glands.

Hyperthyroidism can be detected by the Goetsch test. This test is based on the fact that thyroid secretion sensitizes the sympathetic nerve endings to the action of Adrenalin. The technique consists of the subcutaneous injection of 0.5 cc Adrenalin 1:1000 and the subsequent observation of objective and subjective phenomena.

Blood-pressure readings are taken over a period of one and one-half hours at intervals varying from two and one-half minutes at the beginning of the reaction to ten minutes at the end. In positive cases the systolic blood-pressure rises at least ten points during the first fifteen minutes with an accompanying increase of about ten beats a minute in the pulse-rate. Soon there is noted a slight fall in systolic pressure and then a secondary rise. In about ninety minutes the blood-pressure is back to normal.

The subjective symp-

toms are sometimes striking. There are heart consciousness, apprehension, and marked tremor and pallor occasionally followed by flushing and sweating. The greatest diagnostic importance of the Goetsch test is in distinguishing cases of mild hyperthyroidism from those of incipient tuberculosis.

A satisfactory test for suprarenal function can be performed by injecting subcutaneously fifteen to twenty minims of Adrenalin 1:1000 and estimating the consequent variations in blood sugar. In cases of suprarenal irritability there is an increase in blood sugar which comes on in about thirty minutes and lasts for several hours. A transient glycosuria may likewise be noted.

Loewi's test for pancreatic diabetes is dependent upon the fact that the suprarenal glands and the pancreas are physiological antagonists. In pancreatic diabetes there is impairment if not destruction of the secretory cells which allows certain Adrenalin effects to be more pronounced. One or two drops of Adrenalin 1:1000 should be instilled into one eye. In posi-

tive cases—cases of pancreatic insufficiency—there will be a prompt dilatation of the pupil.



PARKE, DAVIS & COMPANY

Wisconsin Association Is Organized

**Badger State Society of Industrial Physicians and Surgeons
Starts With 26 Members; Dr. Schram is President**

By R. E. Fitzgerald, M. D., Secretary-Treasurer, Wisconsin Association of Industrial Physicians and Surgeons

The Wisconsin Association of Industrial Physicians and Surgeons was formed on December 15 at Milwaukee. Although our meeting was hurriedly arranged we were fortunate to have a fair representation present. About twenty attended and the following officers were elected:

President, Dr. C. F. Schram, Fairbanks, Morse Co., Beloit.
Vice-president, Dr. R. A. Waite, International Harvester, Milwaukee.

Secretary and treasurer, Dr. R. E. Fitzgerald, A. O. Smith Corporation, Milwaukee.

The following directors were elected:

For one year, Dr. F. Bauer, Plankinton Packing Company, Milwaukee, and Dr. A. A. Maurer, C. & N. W. R. R., La Crosse; for two years, Dr. W. Johnston, Samson Tractor Company, Janesville, and Dr. S. H. Wetzler, Newport Chemical Company, Milwaukee; for three years, Dr. E. W. Maechtle, Davis Manufacturing Company, Milwaukee, and Dr. C. A. Palm, Nash Motor Company, Kenosha.

Industrial Medicine, Surgery and Hygiene of late years has

held at the same time and place as the State Medical Society.

Following is the list of members:

Dr. C. F. Schram, Fairbanks, Morse & Co., Beloit.
Dr. R. A. Waite, International Harvester Company, Milwaukee.
Dr. R. E. Fitzgerald, A. O. Smith Corporation, Milwaukee.
Dr. F. Bauer, Plankinton Packing Company, Milwaukee.
Dr. A. A. Maurer, C. & N. W. R. R., La Crosse.
Dr. W. S. Johnson, Samson Tractor Company, Janesville.
Dr. S. H. Wetzler, Newport Chemical Company, Milwaukee.
Dr. E. W. Maechtle, Davis Manufacturing Company, Milwaukee.
Dr. C. A. Palm, Nash Motor Company, Kenosha.
Dr. J. Shaw, Ship Yards, Manitowoc.
Dr. A. L. Curtin, Milwaukee Coke & Gas Company, Milwaukee.
Dr. C. W. Morter, Pawling & Harnischfeger Company, Milwaukee.
Dr. J. B. Mathews, Allis Chalmers Manufacturing Company, Milwaukee.
Dr. A. C. Sidler, Federal Rubber Company, Cudahy.
Dr. J. W. Smith, Ford Plant, Milwaukee.
Dr. G. Belhuener, Kimberly Clark Company, Niagara.
Dr. C. H. Gephart, American Brass Company, Kenosha.
Dr. L. J. Daniels, 404 Chestnut Street, Milwaukee.
Dr. V. F. Marshall, Appleton.
Dr. R. F. Braun, 525 12th Street, Milwaukee.
Dr. H. G. Oakland, 557 12th Street, Milwaukee.
Dr. J. B. MacLaren, 572 Oneida Street, Appleton.
Dr. J. S. Reeve, 572 Oneida Street, Appleton.
Dr. G. I. Hogue, 410 Jefferson Street, Milwaukee.
Dr. A. Jaffe, 221 Grand Avenue, Milwaukee.
Dr. E. Hunt, Weyauwega.



DR. C. F. SCHRAM

grown to such an extent that it has become a distinct specialty in itself. It presents so many different and varied phases that in order to keep pace with its strides a closer co-operation of those members of the profession interested in this field was found necessary. Therefore the aim and necessity of this organization.

It is only in this manner that Industrial Medicine, Surgery and Hygiene will attain the efficiency and make the progress with the needs of this branch of the Medical Profession.

The annual meeting of the Wisconsin Association will be

Need for Physical Examination

"Medical examinations showed that of every nine men of military age (18 to 42) in Great Britain, on the average only three were perfectly fit and healthy; two were on a definitely infirm plane of health and strength, either from some disability, or failure in development; three were incapable of undergoing more than a moderate degree of physical exertion and could almost (in view of their age) be described with justice as physical wrecks; and the remaining man as a chronic invalid, with a precarious hold upon life."

The above is quoted from a report of the Ministry of National Service of Great Britain on the Physical Examination of Men of Military Age by National Service Medical Boards during the war, according to *National Safety News*, which adds. "The physical requirements of war apply in a more or less degree to many of our industries. Such figures as the above—showing only three out of nine men perfectly fit and healthy—seem to make a strong argument for thorough physical examinations in industry."

Cement Plant Has Hospital

An emergency hospital with latest equipment and accessories, is located at the plant of the Tidewater Portland Cement Company of Maryland at Union Bridge. The hospital is in charge of Miss Florence A. Rutherford, R. N. Dr. S. S. Shaffer the consulting and visiting surgeon is able to take care of the most serious accidents at the Tidewater hospital. The company employs between 400 and 500 and during the past year the hospital treated 5,700 patients. The hospital has an up-to-date operating room, linen room, shower bath, a large ward and several private rooms.



How safe is safe enough ?

WHEN it comes home to your own town—to your hospital—your own family and *fire*—How Safe is Safe Enough?

As safe as possible!

Any other answer is ridiculous — sometimes it is criminal!

"As Safe as Possible" means a Grinnell Automatic Sprinkler System in the hospitals of your city where a member of your family may be a patient. Anything else—any substitute—may be regretted when it is too late.

With a Grinnell Automatic Sprinkler System any hospital can be made safe for its patients.

This system is the highest type of fire-fighting device ever devised. It is auto-

matic! The heat of the fire works it. It is always on guard. Always ready. No human aid is required. When the Fire Starts the Water Starts!

Laws require such protection for factory workers. Are helpless patients less worthy of your protection? You can't say "No" and be a real American.

Read "*Fire Tragedies and Their Remedy.*"

Send us a postal card for "Fire Tragedies and Their Remedy." You need it to convince civic authorities that as safe as possible is what the public proposes to have for its hospitals, schools and asylums. Write us now, before you put aside this magazine. Address Grinnell Company, Inc., 281 West Exchange Street, Providence, R. I.

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Complete Engineering and Construction Service on Automatic Sprinklers.
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GRINNELL AUTOMATIC SPRINKLER SYSTEM—When the fire starts, the water starts

At the self-service counter, which was established for those who do not care to partake of the regular dinner, we have soup, sandwiches, pies, cakes, fruits, coffee, tea, milk, ice cream, in fact everything that is usually served at a counter of this kind.

The personnel of the dining room comprises a steward, a baker, a cook, a pot washer, a counter man, and two waiters. During the dinner hour this staff is augmented by two porters, who assist in serving.

All the labor saving devices that are at all applicable to an industrial restaurant have been installed. They were all furnished by the John Van Range Company and include:

- One combination coal and gas range.
- One steam meat roaster.
- Sixty gallon jacketed seamless cast iron soup kettle.
- Five compartment cast iron vegetable steamer.
- One drip pan.
- One sanitary cook's table.
- One double pot washer's sink.
- One sanitary cook's sink.
- One electric potato peeler.
- One meat slicer.
- One Buffalo meat chopper.
- One sectional maple meat block.
- One large storage refrigerator.
- One triple bar sauce rack.
- One combination serving table with Bain Marie, contains two shelves for plate warmers.
- One sauce pan rack.

BAKE SHOP

- Three bin baker's table.
- One portable baker's oven.
- One Hobart mixing machine.
- One dish truck.
- One pot washer sink.
- One pie and bread storage oven.
- One small refrigerator and one dish storage cabinet.
- One electric dish washer.

Note—Electric dish washer should not be near any cooking.

CAFETERIA.

- Battery of urns consisting of three urns.
- (2-15 gallon coffee urns).
- (1-30 gallon water urn).

Our dining room is a large beautiful room almost the length of the plant, with windows along both sides, thus giving light, air, sunshine, a perfectly sanitary room for the men to eat in. There are 90 Vitrolite tables, seating six men each. Ferns and plants are arranged on opposite sides of the room, which helps to make it a pleasant room for the men at noon-time. The dining room is also used for recreational purposes, such as dances, lectures, moving pictures. Every Tuesday and Thursday we have a musical program, given by our own orchestra, while the men are eating. The orchestra is made up of employees.

We have found that the general efficiency of the men is increased as a result of the dining room and recreation connected therewith.

I can best illustrate the value of properly cooked foods in proper combination by relating an instance, which recently occurred in our own restaurant.

It had been the custom every Tuesday for our steward to have what the hospital considered a badly proportioned meal. The ill effects of this meal was being reflected in the hospital by the men coming in after dinner complaining of gastric disturbances, headaches, etc. We conferred with the steward and suggested a change in the menu. A change was made and the condition cited above disappeared.

Schram Elected President

Dr. Clare E. Schram, surgeon, Fairbanks Morse Company, Beloit, was named president of the Wisconsin Association of Industrial Physicians and Surgeons which recently was organized. Other officers are Dr. Robert A. Waite, Milwaukee, vice-president, and Dr. Robert E. Fitzgerald, Milwaukee, secretary-treasurer.

Industrial Medicine Grows

Development of American Association of Industrial Physicians and Surgeons is Feature of Past Year
By Herbert L. Davis, M. D., and Thomas H. George, M. D., Cleveland, Ohio.

The year 1920 has seen a vast stride in the development and recognition of industrial medicine. The war over, and the notable achievements of the medical departments of the Army, Navy and Public Health Service having focused the attention of the reading public, there has been created a demand for some form of medical service which can be adapted to the needs of industry in peace time.

War time surgery demonstrated the fact that wounds must be treated early, and this has been found true of industrial wounds as well. To give this service, first aid dispensaries under the active supervision of groups made up of specialists in industrial medicine and surgery must be placed and maintained in every factory, store, mine, building operation, etc., employing any appreciable number of men and women.

A notable incident of the past year was the growth and work of the Association of Industrial Physicians and Surgeons, the invitation of the National Safety Council to this association to take over and manage the medical section of that large and growing body.

For the year 1921, we look forward to new advancements and to a further raising of standards in industrial medical practice, by the accession of new and capable men in the ranks, who have a keen sense of the possibilities of a great new field of medicine opening up.

Stone Bureau Director

Former Army Officer to Supervise Industrial Hospitals as Well as Other Chicago Institutions

Dr. John Dill Robertson, commissioner, health department, Chicago, has appointed Dr. Lee Alexander Stone director of the bureau of hospitals and industrial and social hygiene, with supervision over the more than 100 hospitals of the city, venereal disease clinics, and plant dispensaries, first aid rooms and medical services maintained by industrial concerns.

Dr. Stone, who saw service in the Spanish-American war, was a major in the surgeon general's department during the World war after serving for seven months as division gas officer, Twenty-eighth Division. He is a regional consultant, U. S. Public Health Service. Dr. Stone's work in recent years has been in the venereal disease field as lecturer and instructor. He has addressed more than 1,000,000 service men on various phases of social hygiene and is the author of several pamphlets on this subject.

Since his appointment Dr. Stone has been busy organizing and co-ordinating the various divisions of the bureau and also is mapping out a plan of inspection of and co-operation with the industrial medical directors of Chicago.

More frequent and thorough inspection of hospitals and dispensaries and better co-operation of venereal disease clinics with state and government bodies are planned by the new director.

Industrial Nurses Meet

The Chicago Industrial Nurses club held its regular monthly meeting Wednesday evening, January 5, in room 1741 Commonwealth Edison building. Dr. Charles Read assisted by Dr. Foley of the Chicago State Hospital gave a very interesting lecture on the care and treatment of the insane with special reference to occupational therapy.

Several applications were filed for membership. All graduate nurses who are engaged in industrial work are eligible for membership. Application should be made to Jennie Mae Kelley, R. N., secretary Chicago Industrial Nurses' club, 327 W. VanBuren street.

The next meeting will be held February 2.

NOTICE

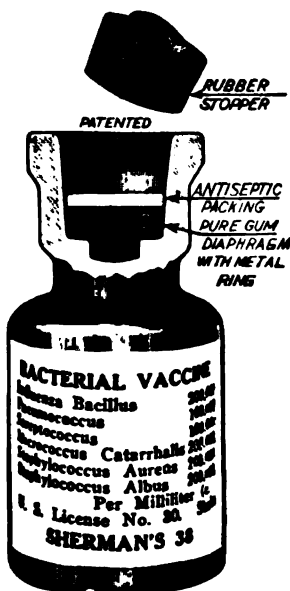
SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW
10 MIL. (C.C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.



Twenty Preparations.
Beyond the experi-
mental stage.

Millions of doses have
Been administered.

The largest producers of
Stock and Autogenous
Bacterial Vaccines

MANUFACTURER
OF
BACTERIAL VACCINES
G. H. SHERMAN, M.D.
Detroit, Mich.
U.S.A.

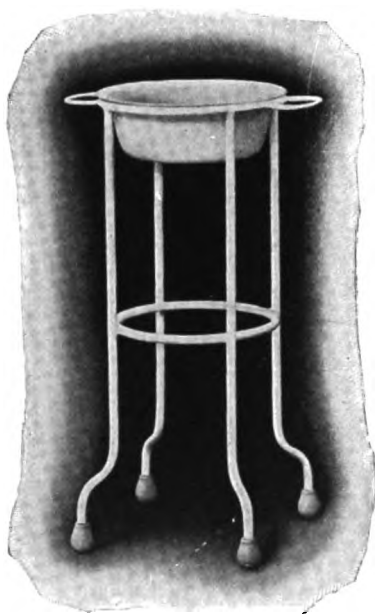
"Sherman's Vaccines are Dependable Antizens"

Dougherty's

— The —

"Faultless" Line

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Bedding,
Steel Furniture,
Enamelware
Glassware,
Rubber Goods,
Sterilizers,
Private Room Equipment*



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INCORPORATED
Philadelphia

N. Y. Medical Men Elect

Dr. P. H. Hourigan Heads Industrial Physicians and Surgeons of Empire State

During the fifth New York State Industrial Congress at Syracuse in December, according to the bulletin of the New York Industrial Commission, the industrial physicians and surgeons met for organization and listened to addresses by Dr. P. H. Hourigan of Buffalo, later elected president; James M. Lynch, state industrial commissioner; Mark A. Daly, general secretary of the Associated Industries; Dr. W. A. Sawyer, Rochester; Dr. Harry E. Mock, Chicago; Dr. John J. Moorehead, professor of industrial surgery, Post-Graduate Medical school, New York; Dr. R. H. Levy, professor of medicine, Syracuse University; Dr. Thomas Ordway, dean of Albany Medical College and Dr. John H. Pryor, Buffalo.

It was decided to have two classes of membership: one active, entitled to vote and hold office, to be made up of men actually engaged in practice of industrial medicine and surgery; the other to be associate and passed upon by the board of directors, made up of those not so actively employed.

These nine physicians were chosen as the first board of directors: Dr. C. H. Watson, American Telephone and Telegraph Company, New York; Dr. P. H. Hourigan, Larkin Company, Buffalo; Dr. C. E. Ford, General Chemical Company, New York; Dr. William A. Sawyer, Eastman Kodak Company, Rochester; Dr. Charles G. McMullin, General Electric Company, Schenectady; Dr. Meyer S. Bloom, Dunn & McCarthy Company, Binghamton; Dr. C. E. Elkins, United States Aluminum Company, Schenectady; Dr. J. P. La Duca, National Carbon Company, Niagara Falls, and Dr. R. W. Chaffee, Solvay Process Company, Syracuse.

Later directors chose Dr. Hourigan president, Dr. Ford, first vice-president, Dr. Watson second vice-president Dr. Sawyer, secretary and Dr. McMullin, treasurer.

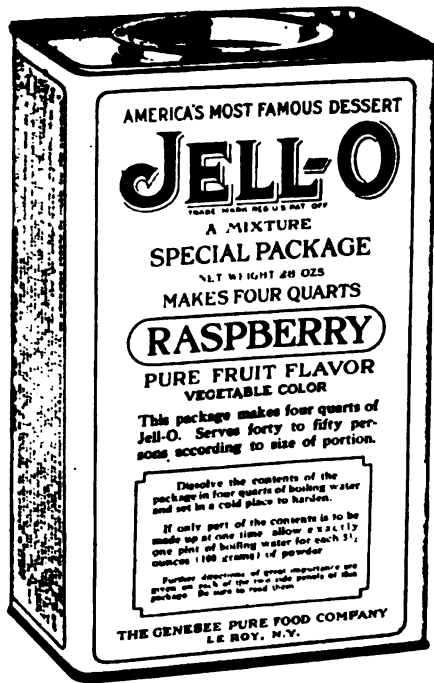
The Tuesday session of the Safety Congress was given over to the doctors and Dr. Hourigan acted as presiding officer. Dr. Meyer S. Bloom of the Dunn & McCarthy Company, Binghamton, spoke on "Athletics as a Means of Promoting Health in Industry" and Dr. Raphael Lewy, chief medical examiner of the New York State Industrial Commission spoke on "Disease in its Dormant State, Activated by Trauma or Occupational Conditions." Dr. Hourigan gave a stereopticon lecture showing safety work as carried on in the Larkin plant in Buffalo.

A. I. P. S. Chapter Formed

Industrial physicians and surgeons of New Jersey have organized a state chapter of the American Association of Industrial Physicians and Surgeons for the purpose of developing all phases of industrial medicine. The organization meeting was held in the offices of the New Jersey Rehabilitation Commission, Newark, with Dr. John N. Bassin, chief surgeon of the commission, temporary chairman, and Miss Edna Sippel, chief clerk, temporary secretary.

The objects of the organization were explained by Dr. Bassin and others who emphasized the splendid work being done by the American Association in various places throughout the country, particularly in Ohio and Pennsylvania, and the following committee was appointed to take care of the details of permanent organization: Dr. W. J. Arlitz, Hoboken; Dr. Frank Pinneo, Newark; Dr. William Van Emburg, Newark; Dr. Charles B. Russell, Paterson.

At the organization meeting the speakers included Col. Fred Albee, M. D., chairman of the rehabilitation commission, and Dr. Francis Patterson, chief of the bureau of hygiene and engineering, department of labor, Pennsylvania. Dr. Patterson is secretary of the American Association of Industrial Physicians and Surgeons.



GALLON PACKAGE

THE EASY AND SURE WAY FOR THE NURSE

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

Such a dish may be called a salad or a dessert and be very good as either. If served as a salad, Mayonnaise or other salad dressing goes with it.

As made of Jell-O, which contains all the ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck. She can easily and surely accomplish what she used to do with tedious detail and with qualms as to the outcome.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.





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*"To be Certain—
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The deadliest method of destroying
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Represents the Foremost Producers
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Paper Doilies
Crepe Tray Covers
Paper Bags
Paper Napkins
Paper Drinking Cups
Paper Baking Cups
Paper Towels
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All shipped subject to the individual
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Maintaining consistent dependable
quality has made **BURNITOL** sec-
ond to none in the distribution of
Tubercular, Institutional and Sani-
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FREE SAMPLES

Check the items in which you are inter-
ested. Write your name and address of
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today for your free samples.

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of layout; much time lost in going from one end of the room to the other for bandage, again for shears, again for compress, again for adhesive, etc.

2. Lack of interest and indifference to claims of patients. First aid duty is not the place to do embroidery or write personal letters at the expense of waiting patients. It robs both the company and its men of time and money. If workmen, and particularly workmen who are piece workers, have to wait for extended periods for the pleasureable whim of the nurse to attend them they are going to take a chance with the cut rather than waste time to prevent possible infection.

3. Several first aid rooms visited have seemed to have no definite plan of procedure for treatment, but were constantly experimenting one day using iodine as an antiseptic the next day perhaps it would be phenol that would be in favor. We have found that it is a decided advantage to find the best and most generally used antiseptic and stick to it.

Illness Costs \$321,815

**That Amount Lost in Wages by Workers
in New York State, Investigation Shows.**

A preliminary statement of the results of an investigation of the amount of sickness among New York State factory workers has been announced by the State Industrial Commission. The investigation was undertaken during the last half of 1919 by the Associated Industries of New York State to determine the actual loss in time and wages on account of sickness.

The records of 143 manufacturers, with nearly 77,000 employees, were included in the tabulation. The total number of cases of sickness lasting three days to six months was 8,761 for the half year—an average of 114 cases per thousand employees covered, or a monthly average of 19 cases per thousand.

Sixty per cent of all cases reported lasted from three to six days. Only 10 per cent were of more than three weeks duration. The amount and value of working time lost on account of sickness, of course, shows a different distribution. The 60 per cent of cases mentioned above involved only 26 per cent of the total loss of working time and of wages. Nearly 50 per cent of the total number of days lost and of the total loss in wages was involved in cases of sickness lasting over 14 days, and 15 per cent in cases of more than two months duration.

The total loss of working time involved in the 8,761 cases of sickness was 84,665 days and the loss in wages was \$321,815. This makes an average loss of approximately 10 days in working time and \$36.73 in wages for each case of sickness.

The average amount of time lost by each of the 77,000 factory workers on account of sickness was slightly over one day for the six months period of the investigation; the corresponding average loss in wages was \$4.20. Figures contained in this summary, it should be noted, do not cover sickness of less than three days or more than six months duration.

The annual loss of time per employe on account of sickness would probably be greater than double the figure given above for six months, as it is usually the case that the prevalence of respiratory diseases and epidemics of the late winter and early spring make the amount of sickness for the first half of the year somewhat greater than the amount for the last half.

No comparisons can be made with other estimates of the per capita time loss caused by sickness, which range from five to ten days per year, without taking into account the fact that this investigation covered people who were practically all able-bodied adults, whereas most other investigations have

ANNOUNCEMENT

For the greater convenience of our patrons we have added to our Chicago Office a Display Room.

To hospital superintendents and to those associated with hospital work the exhibit of sterilizing apparatus and hospital equipment as displayed in our Chicago office will prove of interest.

You are cordially invited, when in Chicago, to make our office your headquarters.

SCANLAN-MORRIS COMPANY

manufacturers of

The "White Line" Hospital Furniture and
Sterilizing Apparatus, Madison, Wisconsin.

Chicago office:

411 Garland Building, 58 East Washington St.,
(opposite Marshall Field's, on
Wabash Ave.)

Telephone: Dearborn 1740

The Margin That Made the

AMERICAN
THE PRODUCT OF SPECIALISTS

HISTORY tells us of men who, through the impetus of the mighty, worked harder and longer than the other fellow, thereby through a margin of minutes or hours, attained the achievement of being "better."

¶ And so it is with "AMERICAN" Sterilizers and Disinfectors—for over a quarter century every ounce of endeavor has been used to make of these apparatus embodying every essential for safety, efficiency and economy, until today the "AMERICAN" has attained a standard by which others are judged.

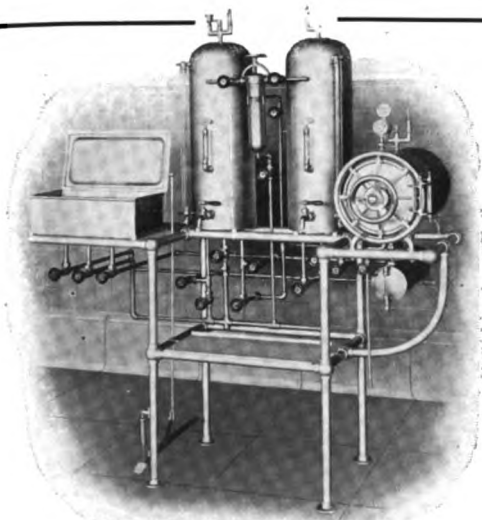
¶ The supreme satisfaction which "AMERICAN" Sterilizers and Disinfectors are giving others can just as truly be had by you.

Write today for descriptive bulletins.

**American Sterilizer Co.
ERIE, PA.**

NEW YORK OFFICE
47 West 24th St.

CHICAGO OFFICE
202 South State St.



"AMERICAN"
Steam Heated Combination Outfit.

Association News

(Continued from page 45)

Dr. I. T. Mann, High Point Hospital, High Point.
Dr. Moir S. Martin, Martin Memorial Hospital, Mt. Airy.
Dr. K. C. Moore, Carolina General Hospital, Wilson.
Dr. J. P. Munroe, Carolina Center Hospital, Sanford.
Dr. J. P. Munroe, Charlotte Sanatorium, Charlotte.
Miss Gilbert Muse, High Point Hospital, High Point.
Dr. John Q. Myers, Tranquil Park Sanatorium, Charlotte.
Dr. J. L. Nicholson, Fowle Memorial Hospital, Washington.
Miss Elizabeth Ross Owen, Highsmith Hospital, Fayetteville.

Dr. J. R. Parker, Rainey Hospital, Burlington.
Dr. James M. Parrott, Parrott Memorial Hospital, Kinston.
Sister M. Raphael, Mercy Hospital, Charlotte.
Miss Edith M. Redwine, Monroe.
Dr. C. E. Reitzel, High Point Hospital, High Point.
Dr. Foy Roberson, Watts Hospital, Durham.
Dr. E. L. Strickland, Carolina General Hospital, Wilson.
Dr. B. C. Willis, Park View Hospital, Rocky Mount.
Dr. J. A. Williams, St. Leo's Hospital, Greensboro.
Dr. C. A. Woodward, Moore-Herring Hospital, Wilson.
Dr. J. M. Parrott, Kinston, is president of the North Carolina Association and Dr. John Q. Myers, Charlotte, secretary-treasurer.

ILLINOIS HOSPITAL ASSOCIATION

Dr. George T. Olsen, superintendent, Englewood Hospital, Chicago, and secretary of the Illinois Hospital Association, expects to announce the date of the annual meeting of this organization before February 1. The question of nurse training will be an important part of the discussion at this gathering at which reports of the year's activity of the association also will be made.

AMERICAN HOSPITAL ASSOCIATION

New Institutional Members of the A. H. A., recently announced by Dr. A. R. Warner, executive, secretary, include: Samuel Merritt Hospital, Oakland, Calif.
Union Memorial Hospital, Baltimore, Md.
Wesson Maternity Hospital, Springfield, Mass.
Elliot Hospital, Manchester, N. H.
Good Samaritan Hospital, Sandusky, O.
Maternity Hospital, Cleveland, O.
Mount Sinai Hospital, Philadelphia.
Lakeside Hospital, Seattle, Wash.
Milwaukee Hospital, Milwaukee, Wis.
Milwaukee Maternity and General Hospital, Milwaukee, Wis.
Victoria Hospital, London, Ont.

NATIONAL HOSPITAL AND HOMES ASSOCIATION

The annual meeting of the National Hospital and Homes Association is called for Wednesday and Thursday, February 16 and 17, at the Methodist Book Concern, 740 Rush street, Chicago. The program follows:

WEDNESDAY MORNING.

Devotional Talk—Bishop Nicholson.
Reading of Minutes—Secretary Jordan.
The Why and Where of Methodist Hospitals and Homes—Dr. J. E. Holmes, Brooklyn.
Discussion.
Reports of officers and committees.

WEDNESDAY AFTERNOON.

The Co-relation and Co-operation of Protestant Denomination Hospitals and Homes—Dr. Frank C. English, Cleveland.
The Relation of the Board of Hospital and Homes to the Individual Institution—Dr. N. E. Davis, Chicago.
Methods of Finance—Dr. Hancher, New York.
Discussion of above subjects, including clinic on institutional problems as related to the Board of Hospitals and Homes. Opened by Dr. Dickman, Cincinnati.

WEDNESDAY EVENING.

At Grace Church, La Salle and Locust streets.
7:30 p. m.—Open session.
8 p. m.—Stereopticon lecture by Dr. N. E. Davis.

X-Ray Users



The Original

The Best Test Meal with Barium
Sulphate in Gastro-Intestinal
Diagnosis

The combination that is endorsed by leading
operators, because of its many advantages.

*Literature and trial quan-
tity prepaid upon request*

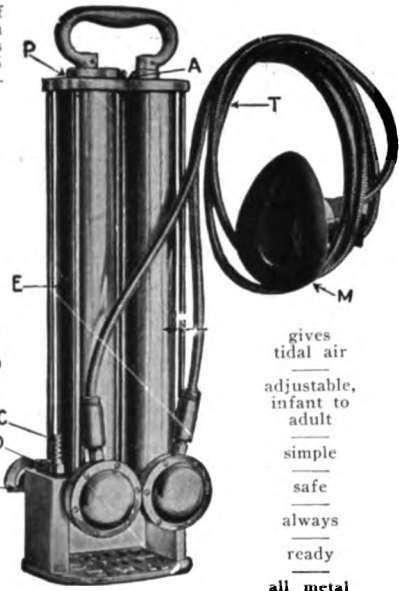
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The gradual increase of
Lung motor protection
from one device six years
ago to the use of from 6
to over 300 each at present by

U. S. Government
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performance.



Lungmotor protection is essential in every hospital, every city
department—every industry.

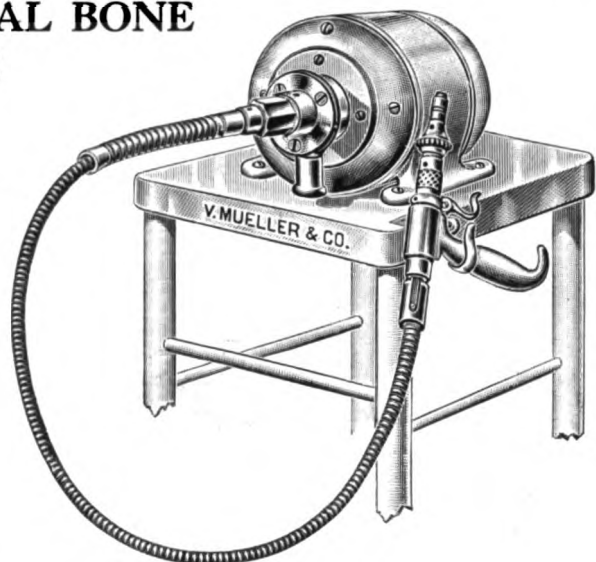
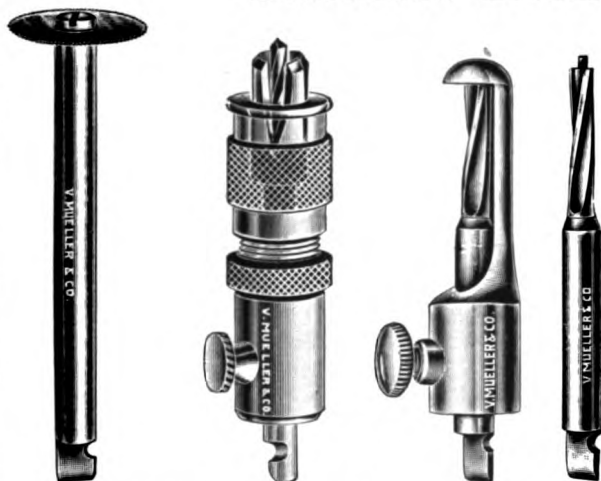
They look to you, Doctor, for the recommendation of such equip-
ment. Let us send you evidence of the service Lungmotors have
rendered the above and others.

LUNG MOTOR COMPANY

Boylston and Exeter Sts.

BOSTON, MASS.

THE MUELLER UNIVERSAL BONE SURGERY ENGINE



A Few Reasons Why Hundreds of Surgeons Have Selected this Instrument in Preference to Others are Given Below :

1. It is safe at all times—the operating instrument is in action only when the finger is on the trigger.
2. The weight in the surgeon's hand is less than two pounds.
3. The hand piece is held in comfort. Its pistol shape allows free action of the hand.
4. The flexible shaft is made of sixteen strands of high-grade iano wire and will transmit ten times the power ever called for.
5. Sterilization by boiling the hand piece.
6. The motor is entirely enclosed and operates noiselessly.
7. Any operative work requiring drill, saw or bur, whether sinus, trans-plant bone graft, bone plating, etc., can be done with the Mueller engine.
8. Perfect speed regulation and operating at slow speed and with plenty of power, there is no danger of heating bone, a serious defect in some engines.

Made by V. MUELLER & CO., Makers of Instruments for the Specialist
in Every Branch of Surgery

1771-1789 Ogden Ave., Chicago



Model 1226

QUIET TRUCKS AND WHEEL CHAIRS



*Write for Catalog on Chairs or Trucks
or both*



Model 1065



Model P-125-1EC

The Colson Co.
Elyria, Ohio, U.S.A.

what and how much should she teach? brought the following answers:

A nurse should not be responsible for the first aid work of the lay person unless she can closely and personally supervise the lay worker.

She should teach only simple first aid measures.

In any extensive plan for first aid work by the lay people the nurse must *not* hold herself responsible for results. She can teach classes, but she should make it clear that the responsibility for results must not be placed on her shoulders.

To the question how far should a nurse go in giving medicines in the physician's absence, the replies were:

Nearly all the nurses stated that they had standing orders on this subject.

All others stated that they only give home remedies, cathartics, etc., with the approval of the physicians employed.

The most interesting feature in this discussion was the fact that several nurses declared that there was no reason for giving any drugs at all in the first aid rooms, and that they had discarded drugs from their first aid cabinets.

Nurses' Club Has Party

The Chicago Industrial Nurses Club gave a bunco party at its February meeting for the purpose of getting better acquainted with the nurses who have recently become members. Prizes were won by Misses Elsie Murray, A. Stein & Co.; Ruth Spencer, Illinois Bell Telephone Company; Jean Mann, Commonwealth Edison Company. The next meeting will be held March 2 when Dr. W. A. Johnson will speak on "The Organization of the Municipal Tuberculosis Sanitarium." New members are welcome at any meeting. Application should be made to Jennie Mae Kelley R. N., 327 W. Van Buren street, care of Ed. V. Price & Co. Cornelia Swanwick, R. N., Montgomery Ward, is treasurer. Members who do not receive notification of meetings should phone Gertrude Jaeger, R. N., Yards 4200, giving the new address.

Health Course for Employes' Wives

The medical department of the Shepard Electric Crane & Hoist Co., Montour Falls, N. Y., has begun its second year of lectures on health and hygiene for the benefit of wives of employes. According to Jesse C. Shepard, employment manager, the enrollment is fifty. Classes are held twice a week in connection with the Shepard Technical Night School. Dr. Quirk, Watkins, and Dr. Baker, Montour Falls, have given most of the lectures, but other talks and demonstrations have been given by Miss Anna Leonard, company nurse, and by specialists from Glen Springs Sanatorium, Watkins, and from Cornell University. The appreciation of the women of the community of the course is evidenced by the good attendance.

Casualty Company Has Hospital

The Maryland Casualty Company has established its own hospital for the treatment of injured compensation claimants, at 5-9 Union Square West, New York. The hospital is completely equipped, including X-ray apparatus and baking and massage machines. A staff of surgeons and nurses will be on duty at all times. The surgeon in charge is Dr. T. Wallace Davis, a graduate of Cornell University Medical School. He has been connected with the Hospital for the Ruptured and Crippled and the Manhattan Maternity Hospital. For the past two years Dr. Davis has been house surgeon of the second surgical ward of Bellevue Hospital.

Miss Hills Makes Address

The year's work of the Visiting Nurses' Association of New Haven was reviewed at a meeting January 31 which also was featured by a talk by Miss Mary Grace Hills, superintendent. Miss Dorothy Deming, Mrs. G. T. Hadley, Mrs. Ida Eschner and Miss Helen M. Connolly were admitted to membership. Miss Churchill, of the Association, has gone to Washington, D. C., to develop public health nursing.

Reminder of Hospital Service

The Pacific Lumber Company, Scotia, Calif., reminds its employes of the company's medical service through notices placed in the pay envelopes that are "good for" treatment for accident or illness. The notices also impress upon the workers the necessity of reporting all injuries to their foremen.

"Under the Great Dome" The 1921 Convention Center

of the

American Hospital Association

[West Baden Springs Hotel]

A wonderful resort, located in the most picturesque section of southern Indiana. Its wholesome life, restful surroundings and attractive outdoor sports combined with Mineral Waters and Baths of recognized merit link it in bonds of real co-operation with the medical and surgical world, offering ideal facilities for patients during convalescence for both mental and physical conditioning.

Send for full information

The West Baden Springs Company
West Baden, Indiana

Chas. B. Rexford, President

EDMANDS Electric Bakers

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The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

Send for our trial proposition

MANUFACTURED BY

Walter S. Edmands

NO. 9

Boston, Mass.

CASE RECORD FORMS

"Hospital standardization aims to safeguard the patient against error in diagnosis, against lax or lazy medical treatment, against unnecessary surgical operations or operations by unskilled surgeons; it aims to bring to every patient, however humble, the highest service known to the profession."

AN INTEGRAL FEATURE of hospital standardization is the keeping of accurate case records. In January, 1919, The American College of Surgeons, with the advice of a large group of surgeons and hospital workers, completed the preparation of a series of case record forms designed to meet the needs of general hospitals.

The Faithorn Company was authorized to print and offer for sale these forms with the stipulation that the workmanship and price should be right and the quality of paper such as would insure permanency of the records.

The system has been generally approved by the profession and adopted by a large number of hospitals. The volume of sales is now so great that printing can be done in large quantities and cost reduced to the minimum; hence we are able to supply the forms at a much lower rate than a single hospital could have them printed locally, and with better results.

Next in importance to the keeping of accurate case records is an adequate system of filing. We supply loose-leaf binders for temporary filing, and filing cases with indexes for permanent file.

If you have not received our catalog and price list, we will be pleased to send upon request



The **Faithorn**
Company
Publishers of
**Approved Hospital
Record Forms**
500 Sherman Street
Chicago



"Wear-Ever"

Aluminum Steam Jacketed Kettles

in the Kitchens of the

VANCOUVER, B. C., GENERAL HOSPITAL

Institution equipment experts advise the installation of seamless, sanitary aluminum utensils for the kitchens of modern hospitals.

"Wear-Ever" utensils are made without joints or seams in which particles of food can lodge. Their metal is thick, hard and non-porous. Never need tinning!

"Wear-Ever" utensils add the final touch of cleanliness to the kitchen—one of the most important departments in any institution.

Replace utensils that wear out
with utensils that "Wear-Ever"

The Aluminum Cooking Utensil Co.

New Kensington, Pa.

In Canada, Northern Aluminum Co., Limited, Toronto, Ont.

WEAR-EVER



TRADE MARK
MADE IN U. S. A.

Compare Washing Methods

Hand Washed Dishes Contain from Thirty to Fifty Times as Many Germs as Those Cleaned by Machine

Scientific investigation is finding that dishes washed by machine are comparatively germ-free, while those washed by hand are full of germs, says *The American Restaurant*, which adds that a hand-washed cup or glass may contain from thirty to fifty times as many bacteria as the same utensils washed by machine. The publication quotes the following from *The Literary Digest* which in turn discussed an article by Roy S. Dearstyne of the Charlotte, N. C., Health Department in the *American Journal of Public Health Nursing*:

"The following work was done while the writer was connected with the Health Department of a city in Virginia, and was the outcome of a question of the relative safety of various methods of dish-cleaning used in eating-places in that city.

"In the following tabulations, restaurants 1 and 2 were Greek lunches, kept in a fairly clean condition. Number 3 was a negro lunch-room, in which the dishes were washed in a dish-pan, probably representing as bad a condition as could be found. Number 4 was a new, up-to-date lunch-room, lacking only the electric dishwasher. Number 5 was an ordinary lunch with the usual conditions prevailing. Number 6 was equipped with a thoroughly modern, electric dishwasher, and the proprietor took pride in the condition of his glassware and utensils. All of the places, with the exception of Number 3, had an adequate supply of boiling water, but it is questionable whether it was used at all times.

BACTERIAL COUNT

Utensils	1	2	3	4	5	*6
Coffee mugs	26,000	100,000	290,000	160,000	130,000	3,700
Water-glass's	23,000	130,000	120,000	33,000	No test	1,700
Spoons	3,400	8,200	70,000	13,000	17,000	2,000
Knives	1,700	20,000	No test	6,400	2,700	1,800
Forks	1,500	11,000	3,200	2,600	7,600	1,600

*Machine washed.

"The value of the machine dishwasher over the old system of hand-washing as determined by the numerical bacteria growth on utensils can be seen from the above tabulations."

Advertisers Plant Hospital

The A. P. W. Paper Company, Albany, N. Y., keeps its medical service and hospital before its employees through a pamphlet which tells of the location of the dispensary and the hours of the physician and nurse, and gives information concerning first aid treatment for injuries. Photographs of the physician and the nurse, with a brief sketch of their professional careers also is given.

Urges Use of Dispensary

Among industrial plants that regularly distribute reminders to its employees of its medical service and plant dispensary is the Avery Company, Peoria, Ill., which uses coupons placed in pay envelopes for this purpose. The coupons urge upon the workers the advisability of visiting the plant dispensary, no matter how slight the injury, and also tell of the dangers of infection from injuries not properly or promptly treated.

To Maintain Hospital Ward

Members of the Long Island Railroad Employees' Ward Fund Association are organizing a campaign to obtain sufficient members to enable the association to maintain a ward in the proposed new Mary Immaculate Hospital, Brooklyn. The ward is to be known as the Long Island Railroad Employees' ward.

Hospital Reduces Its Rates

The Gordon Emergency Hospital of Rochester, N. Y., has announced a reduction in rates. This institution is in its seventh year and is operated on the same basis as a first-class hotel.

SOAP FOR YOU

At a Price You Cannot Afford to Overlook

We are offering to hospitals a tremendous quantity of pure Manna Soft Soap, packed in

U. S. Government War Containers at 4c. a Pound!

This price is f. o. b. Chicago, and when this lot is exhausted there will be no more at any such figure, as the market is double this price.

Better lay in a supply. You take no risk in ordering, as our famous guarantee applies — use 100 pounds out of a barrel (400 to 500 pounds to the barrel), and if the soap does not please you, return the remainder at our expense.

MANNA SOAP CORPORATION

Republic Building, Chicago, Ill.

The Giant Kitchen Machine Performs a Varied Number of Culinary Duties Better and Quicker Than the Highest Paid Help.



This efficient mechanical kitchen helper will go a long ways towards effecting a permanent solution of the help problem in the culinary department of hospitals, hotels, cafeterias, restaurants and institutions.

The Giant Kitchen Machine is on the job all the time, working steadily, quietly and without jar or vibration. All the latest attachments, and most modern improvements are to be found in this mixer.

The gears cannot strip. Speeds may be changed while the machine is in operation. All adjustments are permanent. The beaters are self locking and cannot jam or break.

The Giant Kitchen Machine performs these duties with dispatch and thoroughness—

Grind meat and coffee and spices	Slice vegetables
Mix bread or cake dough	Polish silver
Sharpen knives and tools	Mash potatoes
Beat eggs, batter or mayonnaise	Crush fruit
Strain soup	Make peanut butter
Make purees	Crumb bread

WRITE—Find out more about this efficient kitchen helper. Get details of our special proposition. Send for complete catalogue of and bakery machinery.

THE CENTURY MACHINE CO.

CINCINNATI, OHIO



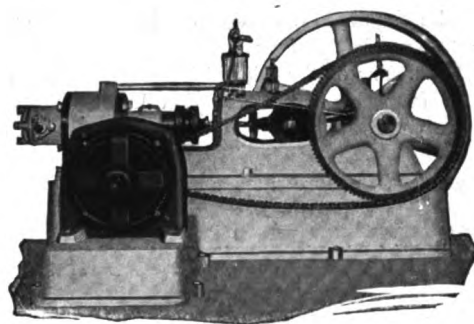
CUTS COST of—HOSPITAL Management

The "AUTOMATIC EVERCOLD" keeps foods and perishables pure, dry and untainted. It maintains a uniform dry temperature in refrigerators and cooling rooms. Eliminates ice bills. Its daily operating cost is \$2.40 and less per ton capacity.

"AUTOMATIC EVER COLD" is always SAFE—!!

There are no leaks of poisonous gases to endanger the lives of patients and attaches. "AUTOMATIC EVERCOLD" uses Carbonic Gas, the ONLY SAFE refrigerant. This gas will not burn, explode, asphyxiate or corrode.

Investigate this automatically controlled refrigeration system that needs no expert attendant. Write us today for detailed information. Tell us of your refrigeration problems. Our engineering staff will gladly give free advice on refrigeration work to any hospital.



AUTOMATIC CARBONIC MACHINE CO.

PEORIA, ILLINOIS

When you think of ICE think of US

THURSDAY, APRIL 14

8-9 A. M.—Round Table—Chairman, Susan A. Watson, Instructor, Barnes Hospital, St. Louis.

Problems Relating to the Health of the Students.

9-1 A. M.—Training School Development from the Standpoint of the Instructor—Chairman, Miss Blanche Pfefferkorn, University of Cincinnati.

2-6 P. M.—Training School Development from the Standpoint of the Principal—Chairman, Miss Sara Parsons.

8 P. M.—Closing Meeting—Anna C. Jamme, presiding; unfinished business; special reports of committees; reports from chairmen of round tables; progress and policy for work for the coming year, Miss Jamme; report of resolutions committee; report of tellers.

FRIDAY, APRIL 15

9 A. M.—Legislation and Inspection of School of Nursing—Miss Roberta West, chairman.

North Carolina Program

Dr. John Q. Myers, secretary-treasurer, has announced the program for the North Carolina Hospital Association meeting at Pinehurst, April 26, as follows:

Presidential address, Dr. James M. Parrott, Kinston.

"Training Schools as Educational Institutions," Miss Effie Cain, R. N., secretary, N. C. Board Examiners for Trained Nurses.

"Hospital Records, The Highsmith Hospital," Miss E. A. Kelly, Fayetteville.

"Development of Public Health Nursing and the co-operation with the Local Hospital," Miss Columbia Mund, Consolidated Boards of Health, City of Wilmington and New Hanover County, Wilmington.

"The Advantage of a Full Time Instructor to the Training School," Miss Virginia O. McKay, James Walker Memorial Hospital, Wilmington.

"Some of the Problems Confronting the Future Semi-Private Hospital," Dr. J. F. Highsmith, Highsmith Hospital, Fayetteville.

"Some Constructive Criticism of Hospital Management in North Carolina," Dr. Thomas M. Jordan, State Hospital, Dix Hill, Raleigh.

"Hospital Records Illustrated," Dr. J. W. Long, Greensboro.

"Special Training for Nurses," Dr. Wade H. Anderson, The Moore-Herring Hospital, Wilson.

"The Value of the Small Hospital to the Community," Mrs. Walter Hughson, General Manager, Grace Hospital, Morganton.

Ohio Meeting May 16-20

The annual meeting of the Ohio Hospital Association will be held at the Hotel Winton, Toledo, May 16 to 20, inclusive, according to a recent announcement by Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, executive secretary of the association. Details of the program are being worked out and indications are that it will surpass even the interesting and practical discussions that have featured every meeting of this pioneer organization. P. W. Behrens, superintendent, Toledo Hospital, Toledo, is president of the association.

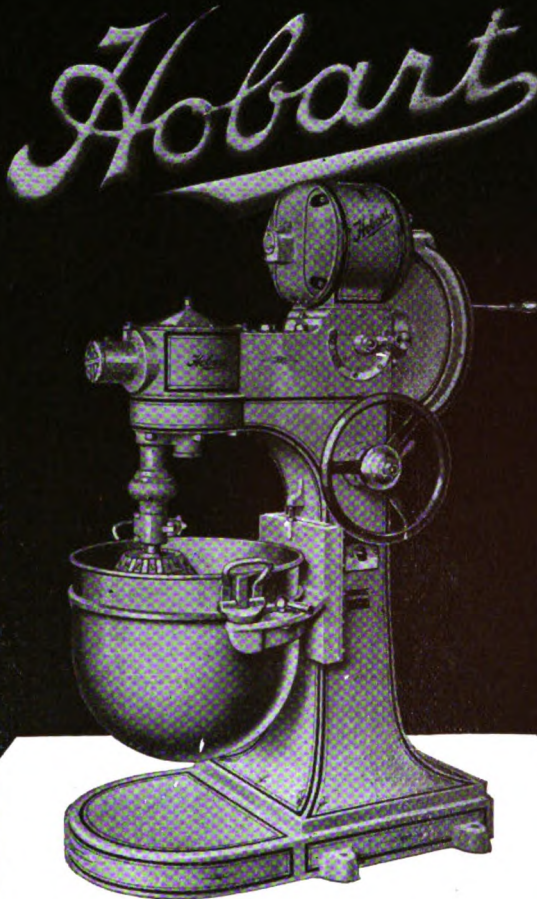
Oklahoma Meeting May 18

The annual meeting of the Oklahoma Hospital Association will be held at McAlester, May 18, according to a recent announcement by Dr. Fred S. Clinton, president, Oklahoma Hospital, Tulsa, and president of the association.

U. S. Opens 9 Hospitals

In the six weeks preceding February 15, nine hospitals for soldier patients were opened by the U. S. Public Health Service. Of these, four are buildings that have been leased from their owners. The others are army hospitals, built hurriedly during the war, that have been taken over and put into as good condition as possible.

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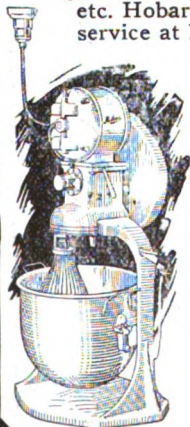


Wonder Workers in the Hospital Kitchen

HUNDREDS of hospitals are making remarkable savings with the "Hobart Electric Workers," which do all mixing, whipping, beating, chopping, grinding and other kitchen drudgery, enabling them to use their high priced help for more important things.

In many cases they are actually taking the place of one or more assistants, effecting an appreciable saving in overhead expense. And because they mix, beat and whip so thoroughly, volume is greatly increased.

Attachments for chopping, grinding, grating, crumbing, slicing, straining, sifting, etc. Hobart Mixers give years of efficient service at low upkeep.



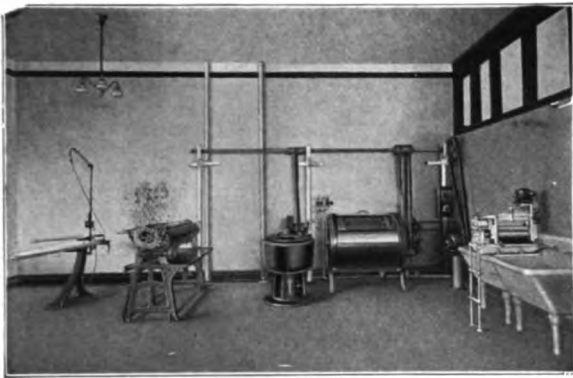
The HOBART LARGE MIXER is for large hospitals.

The KITCHEN AID—doing the same things as the large machine, on a smaller scale—is used as a complete power unit in small kitchens, and as helpful auxiliary equipment in larger ones.

Send for booklet A today

The Hobart Manufacturing Co.

47-67 Penn Ave., Troy, O.



Install the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

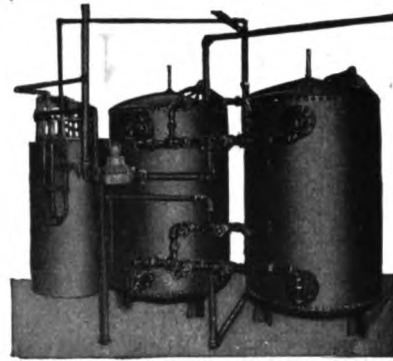
Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.

Hospital Department

170 N. Michigan Ave.,

Chicago



We Can Make
Immediate
Installation

OF A

BORROMITE Water Softening System

The whole equipment is so standardized that we need only to combine units to form an equipment of any desired capacity.

The system requires but little room and the installation is made with minimum interruption to your routine.

It supplies **SOFT WATER** for boilers, laundry, kitchen and for the entire building, in any quantity.

Is remarkably flexible to peak-load requirements.

Send for our Circular.

BORROMITE COMPANY OF AMERICA

Members of Associated Manufacturers
of Water Purifying Equipment

1514-105 West Monroe St.,

CHICAGO

RADIUM

STANDARD CHEMICAL CO.

RADIUM of highest purity
in any quantity.

Patented glazed plaques
for superficial conditions.

Tube and Needle Applicators
for deep therapy.

Apparatus for radium emanation
installed by our Department of Physics.

All our applicators and appa-

ratus adopted after having
been proven therapeutically
practicable.

U. S. Bureau of Standards
Certificate.

Our Departments of Physics
and Medicine give instruction
in the physics and therapeutic
application of Radium.

RADIUM CHEMICAL CO.

PITTSBURGH, PA.

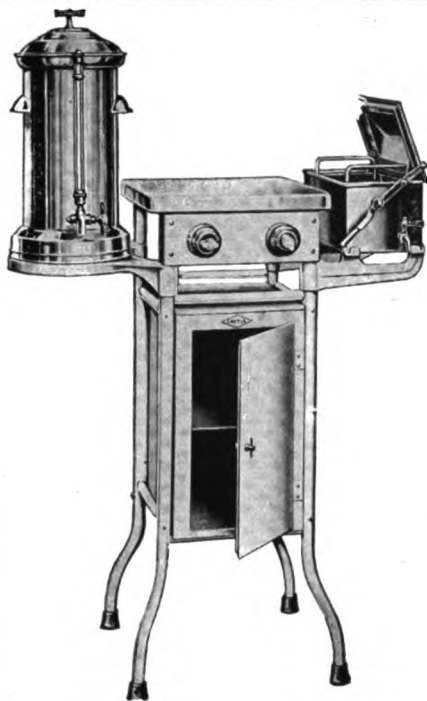
BOSTON
Little Building

CHICAGO
Marshall Field Annex Building

SAN FRANCISCO
Flood Building

Astor Trust Bldg NEW YORK Fifth Ave & 42 St.

CASTLE STERILIZERS



In an Emergency the
CASTLE
ELECTRICALLY HEATED
SPECIALISTS' OUTFIT
is Essential

Emergency Hospitals and First Aid Rooms require exceptionally efficient equipment. Instruments must be handy, and material quickly arranged, so that treatment may be administered without delay.

Castle Specialists' Outfit

Composed of

Instrument Sterilizer, 11" x 6" x 3 1/2"
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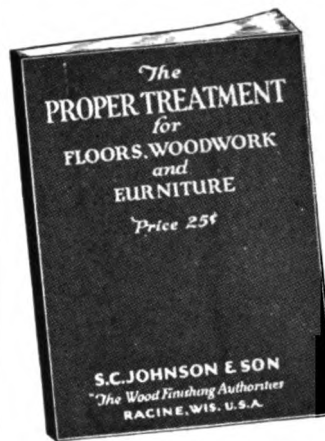
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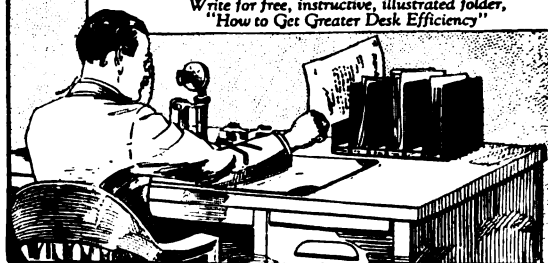
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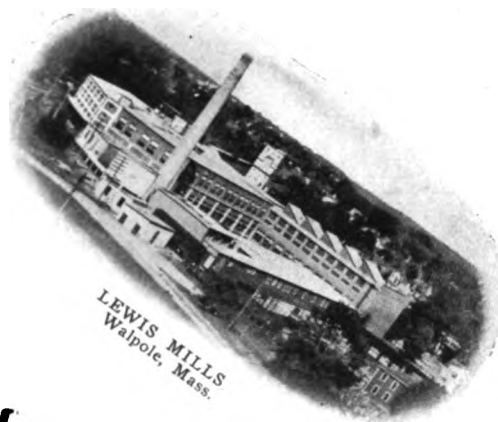
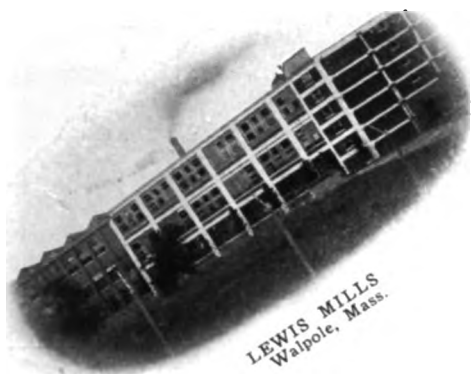


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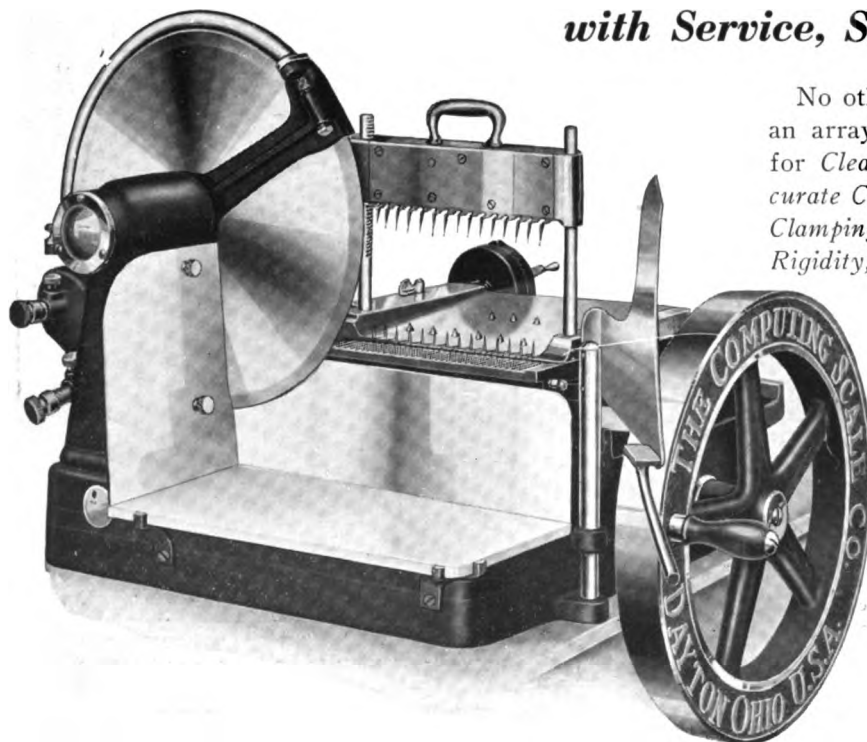
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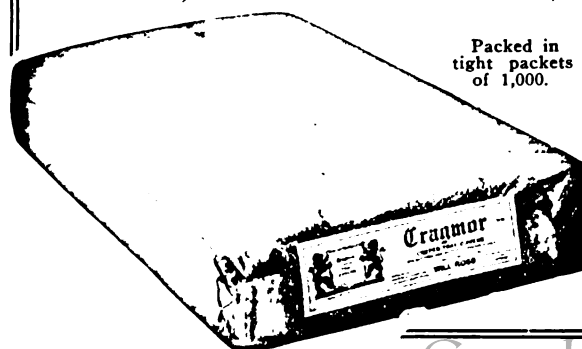
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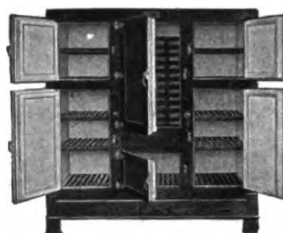
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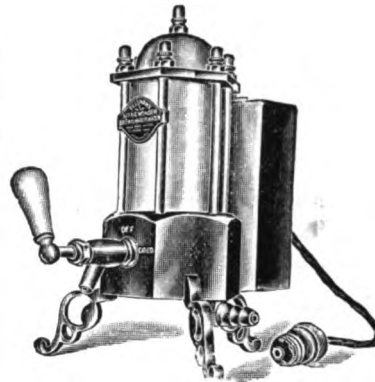
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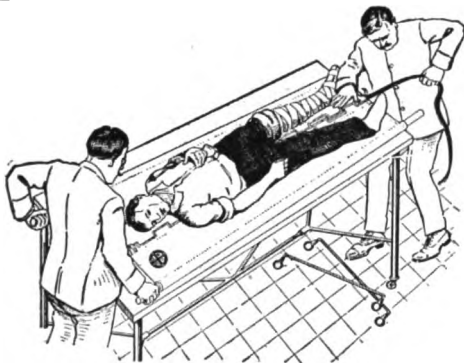
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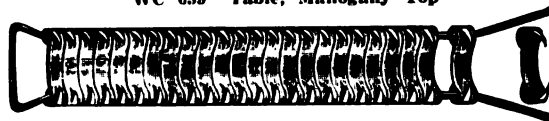
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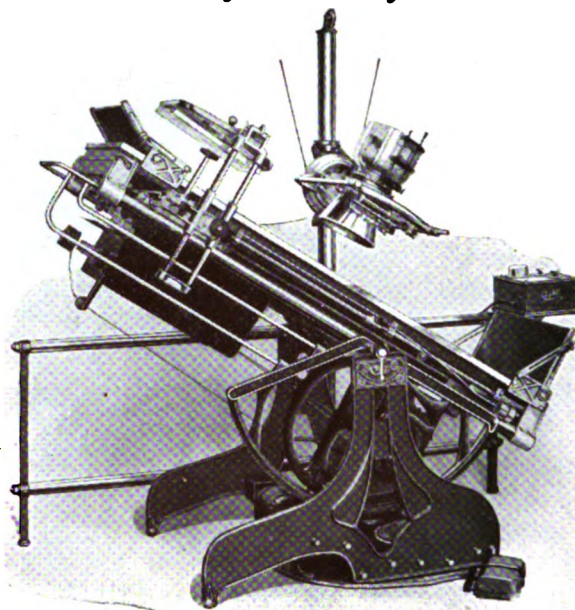
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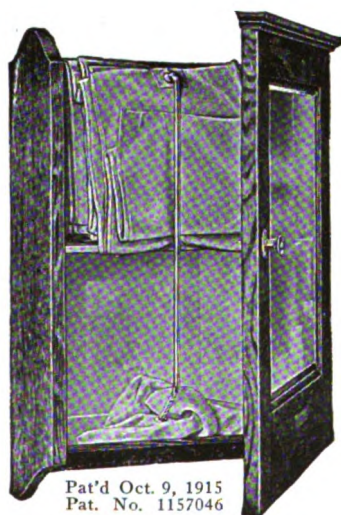
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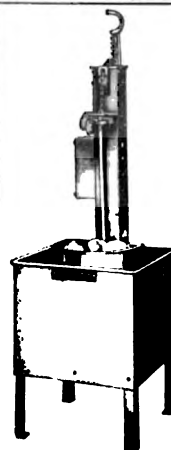
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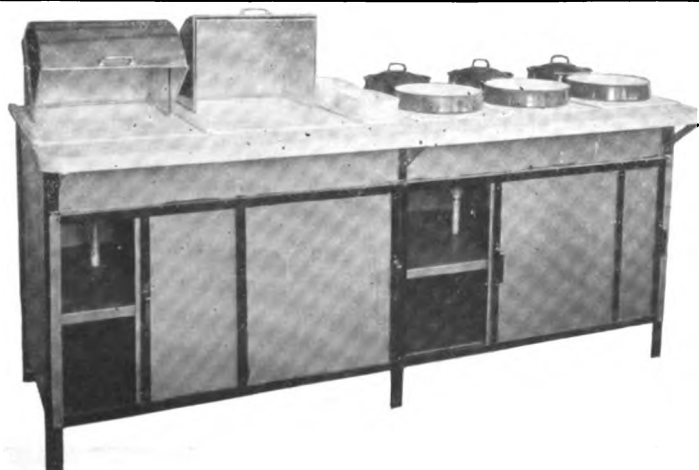
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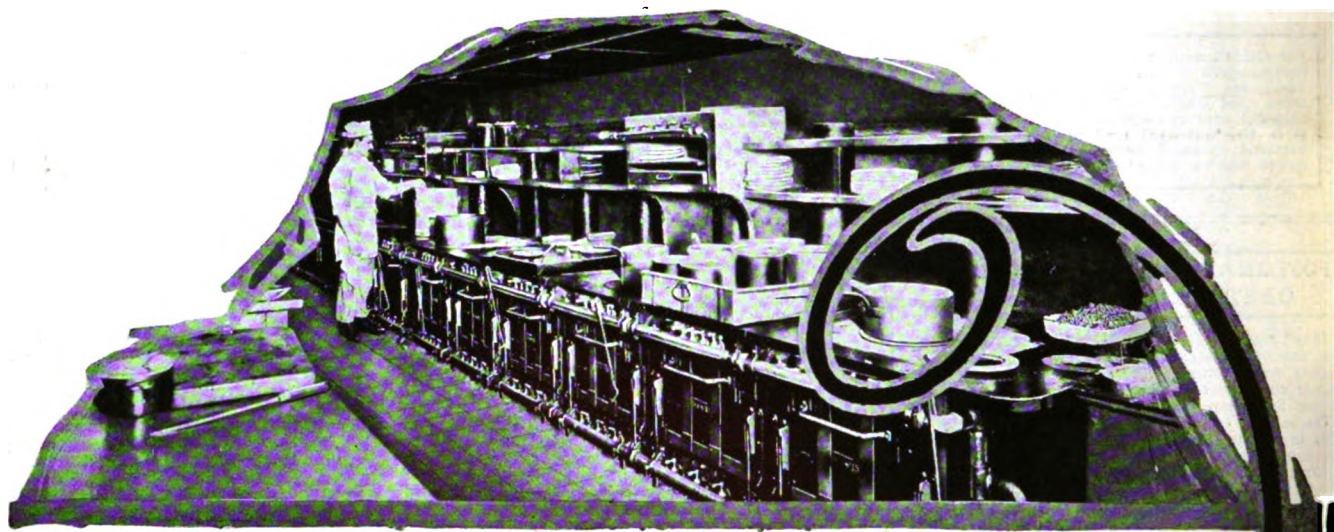
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HOSPITAL MANAGEMENT

Vol. XI April, 1921 No. IV

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pean Hospitals—Page 51

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First Aid Room—Page 68



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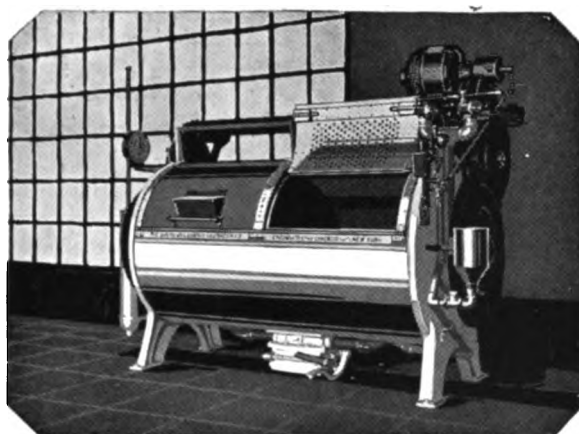
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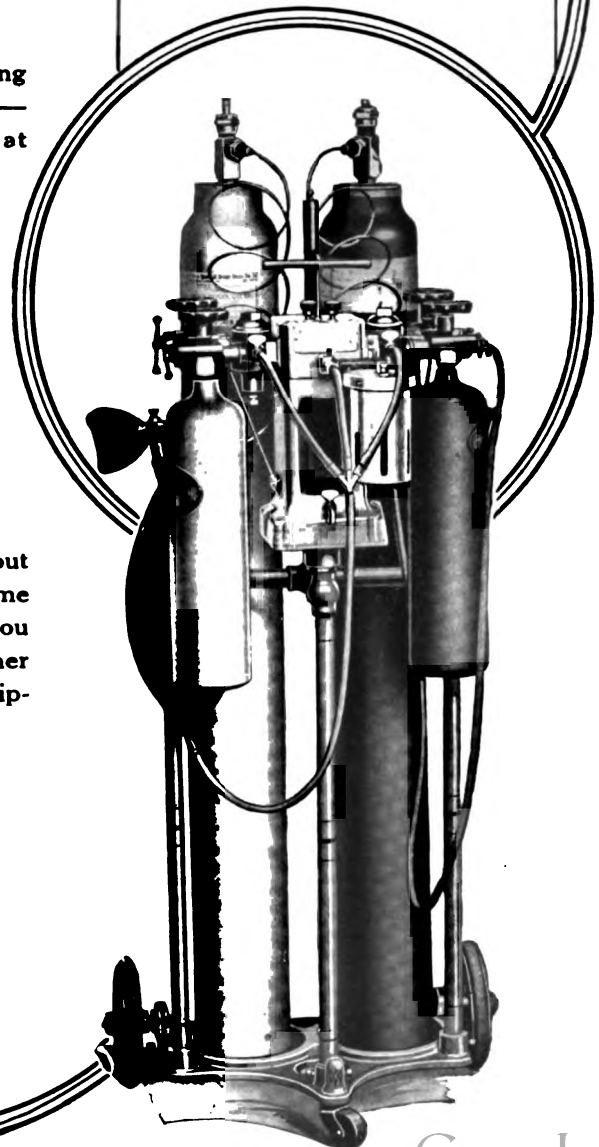
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SPD No. E-1215—5 lbs. in cans—14 cans located Brooklyn, N. Y. Mfr. Unknown.
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SPD No. (none)—1 lb. in tins—17 tins located Philadelphia, Pa. Mfr. unknown.
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SPD No. K-377—112 bot. located Brooklyn, N. Y. Mfr., Parke, Davis & Co.
SPD No. SE-278—21 bot. located Atlanta, Ga. Mfr. unknown.
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SPD No. 15156—13,600 tins located Atlanta, Ga., Mfr., Mallenkrodt Chemical Co.
SPD No. 15580—2,500 tins located Philadelphia, Pa. Mfr., Mallenkrodt Chemical Co.
SPD No. E-1366—2,100 tins located Norfolk, Va. Mfr. unknown.
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SPD No. 15582—32,800 tins located Atlanta, Ga., Mfr., Mallenkrodt Chemical Co.
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SPD No. 15981—10,800 tins located Washington, D. C. Mfr., Mallenkrodt Chemical Co.
SPD No. 15154—27,937 tins located San Francisco, Cal. Mfr., Mallenkrodt Chemical Co.
SPD No. E-268—¼ lb. in tins—215 located Philadelphia, Pa. Mfr., E. R. Squibbs & Co.
SPD No. 15662—13,689 tins located St. Louis, Mo. Mfr., Mallenkrodt Chemical Co.
Aether (French) 1 c. c. in Amp.
SPD No. (none) 65 Amp. located Philadelphia, Pa. Mfr. unknown.
Aethylis Chloridum.
SPD No. (none)—3 tubes located Norfolk, Va. Mfr. unknown.
SPD No. 19891—468 tubes located New Cumberland, Pa. Mfr., Merck & Co.
Alse Balls, 3 in tins.
SPD No. (none)—43 tins located San Francisco, Calif. Mfr. unknown.
SPD No. C-359—12 in. box, 1,360 box. located St. Louis, Mo. Mfr., Amer. Veter. Supply Co.
SPD No. (none)—75 box. located Norfolk, Va. Mfr. unknown.
SPD No. (none)—14 box. located San Francisco, Calif. Mfr. unknown.
Alumens, 30 gr. tabs., 200 in bottle.
SPD No. C-357—1,719 bot. located St. Louis, Mo. H. K. Mulford & Company Mfr.
SPD No. (none)—306 bot. located San Francisco, Calif. Mfr. unknown.
Ammonia, Bromidum, ¼ lb. in bottles.
SPD No. E-1070—50 bot. located Philadelphia, Pa. Mfr. unknown.
SPD No. (none)—170 bot. located St. Louis, Mo. Mfr. unknown.
SPD No. SE-213—571 bot. located Atlanta, Ga. Mfr., Powers, Weightman, Rosenzarten Co.
Calx Chlorinata, 1 lb. in tins.
SPD No. 3290—370 tins located Chicago, Ill. Mfr., Drackett & Co.
SPD No. 18257—1,000 tins located San Antonio, Texas. Mfr. unknown.
Campher, bulk.
SPD No. 15990—1,880 lbs. located Philadelphia, Pa. Mfr., George H. Bonner & Co.
SPD No. E-256—1,366 lbs. located Philadelphia, Pa. Mfr., George H. Bonner & Co.
SPD No. NE-150—12,400 lbs. located Boston, Mass. Mfr. unknown.
SPD No. NE-163—7,710 lbs. located Boston, Mass. Mfr. unknown.
SPD No. NE-98—1,278 lbs. located Boston, Mass. Mfr. unknown.
SPD No. 3,847—380 lbs. located Brooklyn, N. Y. Mfr., George H. Bonner & Co.
SPD No. (none)—47 lbs. located Chicago, Ill. Mfr. unknown.

SPD No. (none)—14½ lbs. located Norfolk, Va. Mfr. unknown.
Campher, Gum.
SPD No. (none)—95½ lbs. located Norfolk, Va. Mfr. unknown.
Campher, Pulvis, 5 lbs. in cartons.
SPD No. NE-162—182 cart located Boston, Mass. Mfr. unknown.
Canthridis, Pulvis.
SPD No. SE-45—2,379 ozs. located Atlanta, Ga. Mfr., McLaughlin, Gormley, King & Co., et al.
SPD No. 20659—2,000 ozs. located St. Louis, Mo. Mfr., McLaughlin, Gormley, King & Co., et al.
SPD No. 20,900—2,862 oz. in bottles, located Philadelphia, Pa. Mfr., Puritan Pharmaceutical Co., et al.
SPD No. 5-10 U. S. P.—2,820 ozs. in bot. located San Antonio, Texas. Mfr. various contractors.
SPD No. 20005—2,000 ozs. located San Antonio, Texas. Mfr. unknown.
SPD No. 20900—2 oz. in bottles—32 bot. located Philadelphia, Pa. Mfr., Various Contractors.
SPD No. 20900—4 oz. in bottles. 2 bot. located Philadelphia, Pa. Mfr., Various Contractors.
SPD No. 20900—1 lb. in bot. 90 bot. located Philadelphia, Pa. Mfr. unknown.
SPD No. 20900—2½ lbs. in bottles. 3 bot. located Philadelphia, Pa. Mfr. unknown.
Caproleum Pulvis, 12 grms. in bottles.
SPD No. (none)—69 bot. located San Francisco, Calif. Mfr. unknown.
SPD No. E-677—¼ oz. in bottles. 1900 bot. located Brooklyn, N. Y. Mfr., McKesson & Robbins.
SPD No. SE-262—77 bot. located Atlanta, Ga. Mfr., E. R. Squibbs & Sons.
SPD No. (none)—499 bot. located Atlanta, Ga. Mfr. unknown.
SPD No. (none)—66 bot. located Philadelphia, Pa. Mfr. unknown.
SPD No. (none)—118 bot. located St. Louis, Mo. Mfr. unknown.
SPD No. (none)—57 bot. located San Francisco, Calif. Mfr. unknown.
SPD No. SE-252—1 oz. in bottles. 74 bot. located Atlanta, Ga. Mfr., J. S. Merrill Drug Co.
Chloroform, ¼ lb. in bot.
SPD No. (none)—320 lbs. located Norfolk, Va. Mfr. unknown.
SPD No. E-1022—1 pt. in bottle. 12 bot. located Philadelphia, Pa. Mfr. Monsanto Chemical Works.
SPD No. 20000—600 bot. located San Francisco, Calif. Mfr., Abbott Laboratories.
SPD No. 19906—4 lbs. in bottles. 92 bot. located Atlanta, Ga. Mfr. Heydem Chemical Works.
SPD No. E-1022—2 qts. in bottle. 692 bot. located Philadelphia, Pa. Mfr., Abbott Laboratories.
SPD No. 1022—5 lbs. in bottle. 8494 bot. located Philadelphia, Pa. Mfr., Abbott Laboratories, et al.
SPD No. 19955—4,143 bot. located St. Louis, Mo. Mfr., Monsanto Chem. Works.
Chloroform, ¼ lb. in tins.
SPD No. 19438—27,350 tins located St. Louis, Mo. Mfr., Mallenkrodt Chemical Co.
SPD No. 15992—400 tins located St. Louis, Mo. Mfr., Mallenkrodt Chemical Co.
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SPD No. 20465—21,500 tins located Brooklyn, N. Y. Merck & Co., Mfr.
SPD No. 18267—31,776 tins located Philadelphia, Pa. Mfr., E. R. Squibbs & Sons, Mallenkrodt Chem. Co.
SPD No. 19957—9,040 tins located St. Louis, Mo. Mfr., Mallenkrodt Chem. Co.
SPD No. (none)—8,736 tins located Philadelphia, Pa. Mfr. unknown.
SPD No. 20001—4,200 tins located San Francisco, Calif. Mfr., E. R. Squibbs & Sons.
SPD No. (none)—436 tins located Norfolk, Va. Mfr. unknown.

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"Surplus Property"

SEALED FOR BULLETIN LISTING ALL ITEMS

al List No. 9



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ARMY

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All goods will be sold "as is," "where is," and under no circumstances will a refund or adjustment be made on account of supplies not coming up to the standard of expectation.

Bids must specify the item number, name of drug, unit bid, quantity desired and total bid for each drug on which offer is made. No special form of bid is necessary. Bids may be made by letter or telegram.

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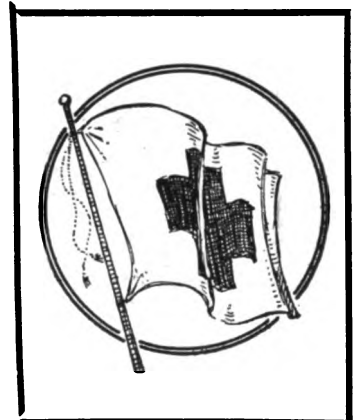
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OFFICE OF THE SURGEON GENERAL
ROOM 1060 MUNITIONS BUILDING,
WASHINGTON, D. C.

Bids close at 10 A. M. Eastern Time

May 19, 1921

ARTMENT erty Sales

FFERED IN THIS GREAT SALE

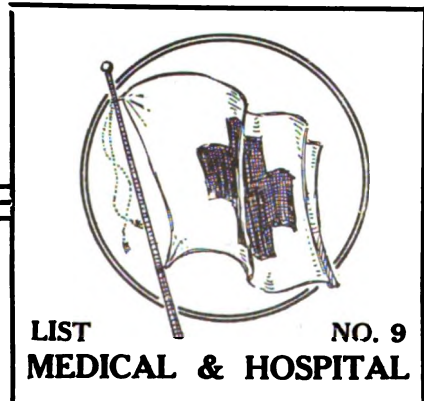




Medical and Hospital Read on for

SPD No. 15993—5,500 tins located Schenectady, N. Y. Mfr., Mallenkradt Chem. Co., E. R. Squibbs.
SPD No. 1/4 lb. in tins. 216 tins located Philadelphia, Pa. Mfr. unknown.
SPD No. 5 lbs. in tins. 18 tins located Philadelphia, Pa. Mfr. unknown.
Chrysarobinum, 1/4 oz. in tins.
SPD No. SE-67—310 tins located Atlanta, Ga. Mfr., Powers, Weightman & Rosengarten Co.
SPD No. (none)—133 tins located Philadelphia, Pa. Mfr. unknown.
SPD No. U. S. P. 1/4 oz. in tins. 88 tins located Chicago, Ill. Mfr. unknown.
SPD No. SE-67—25 gms. in bottles. 150 bot. located Atlanta, Ga. Mfr., Merck & Co., & Schleffelin & Co.
SPD No. 19934—360 bot. located Philadelphia, Pa. Mfr. unknown.
SPD No. 19934—360 bot. located St. Louis, Mo. Mfr., Schleffelin & Co.
Cocaine Hydrochloride, 10 mgm. 20 in tubes.
SPD No. 20192—2,500 tubes located Chicago, Ill. Mfr., Wm. S. Merrill Chemical Co.
SPD No. 11991—34,825 tubes located Chicago, Ill. Mfr., Wm. S. Merrill Chemical Co.
SPD No. 17558—32,000 tubes located Washington, D. C. Mfr., Parke, Davis Co., & Frazier Tablet Co.
SPD No. 17557—675 tubes located San Antonio, Texas. Mfr., Norwleigh Pharmaceutical Co.
SPD No. 20468—15,000 tubes located Brooklyn, N. Y. Mfr., Parke, Davis Co., et al.
Hyoscinæ Hydrobromidum, 0.65 mgm. 20 in tubes.
SPD No. (none)—452 tubes located Chicago, Ill. Mfr. unknown.
SPD No. SE-291—100 in bot. 30 bots. located Atlanta, Ga. Mfr. unknown.
SPD No. (none)—242 bots. located Chicago, Ill. Mfr. unknown.
SPD No. (none)—167 bots. located St. Louis, Mo. Mfr. unknown.
SPD No. (none)—18 bot. located Schenectady, N. Y. Mfr. unknown.
Iodine Swabs, 6 in. box.
SPD No. C-394—63,886 boxes located Columbus Barracks. Mfr., Bauer & Black.
SPD No. 20098—133,500 boxes located St. Louis, Mo. Mfr. unknown.
SPD No. 3800—867,763 box. located Philadelphia, Pa. Mfr., W. D. Young & Co.
SPD No. (none)—1,000 box. located Philadelphia, Pa. Mfr. unknown.
SPD No. (none)—217,119 box. located Chicago, Ill. Mfr. unknown.
SPD No. (none)—191 box. located Norfolk, Va. Mfr. unknown.
Iodum Potassii Iodidum, 10 tubes in tube.
SPD No. 20762—236,000 tubes located St. Louis, Mo. Mfr. unknown.
Ipecacuanha, Pulvis.
SPD No. 3810—104. ozs. located Chicago, Ill. Mfr. unknown.
SPD No. 19962—2,940 oz. tubes located San Antonio, Tex. Mfr. unknown.
SPD No. 18284—1/4 lb. in cartons. 2,100 cart. located Brooklyn, N. Y. Mfr., Various Contractors.
SPD No. (none)—65 mgm. 600 in tins. 10 tins located Philadelphia, Pa. Mfr. unknown.
Linimentum Rubefaciens, 50 in box.
SPD No. E-468—4 box. located Philadelphia, Pa. Mfr., Smith, Kline & French.
SPD No. E-468—187 tins located Philadelphia, Pa. Mfr., Smith, Kline & French. (200 in tins).
SPD No. 20798—(250 in bot.) 26,000 bots. located Washington, D. C. Mfr. unknown.
SPD No. 10814—100 bots. located San Antonio, Texas. Mfr. unknown.
SPD No. SE-214—2,000 bot. located Atlanta, Ga. Mfr. unknown.
SPD No. 20769—136 bots. located Atlanta, Ga. Mfr. unknown.
SPD No. 20777—8,000 bots. located San Francisco, Cal. Mfr. unknown.
SPD No. E-468—797 bots. located Philadelphia, Pa. Mfr., Smith, Kline & French.
SPD No. (none)—175 bot. located Norfolk, Va. Mfr. unknown.
Liquor Cresolis Compositus, 5 gal. in tins.
SPD No. 16687—1 tin located Brooklyn, N. Y. Mfr., West Disinfectant Co.
Magnesia Sulphas.
SPD (none)—764 lbs. located Washington, D. C. Mfr. unknown.
SPD No. 18289—25,268 lbs. located San Francisco, Calif. Mfr., Lennox Chemical Co.
SPD No. 18288—50,094 tins located Brooklyn, N. Y. Mfr., P. W. Drackett Sons, et al. (4 lbs. in tin).
SPD No. E-963—264 tins located Philadelphia, Pa. Mfr., Liberty Mfg. Co. (4 lbs. in tin).
SPD No. C-393—2,767 tins located Columbus Barracks. Mfr. unknown. (4 lbs. in tin).
SPD No. (none)—4 lbs. in tin—339 tins located Chicago. Mfr. unknown.

SPD No. 10363—100 lbs. in keg—5 kegs located St. Louis, Mo. Mfr. unknown.
Mellitose.
SPD No. E-1274—1/4 lb. in bottle—1,959 bottles located Washington, D. C. Mfr., Elmer & Amend.
Massa Hydrargyri.
SPD No. (none)—100 gln. in jar—20 jars located San Francisco, Calif. Mfr. unknown.
SPD No. E-1238—3 oz. in bottle—1,439 bottles located Brooklyn, N. Y. Mfr. unknown.
SPD No. SE-295—3 oz. in bottle—198 bottles located Atlanta, Ga. Mfr. unknown.
SPD No. E-1027—3 oz. in bottle—241 bottles located Philadelphia, Pa. Mfr. unknown.
SPD No. (none)—3 oz. in bottle—81 bottles located Chicago, Ill. Mfr. unknown.
SPD No. (none)—3 oz. bottle—98 bottles located St. Louis, Mo. Mfr. unknown.
SPD No. (none)—3 oz. in bottle—30 bottles located Norfolk, Va. Mfr. unknown.
SPD No. (none)—1/4 lb. in tin—112 tins located San Francisco, Calif. Mfr. unknown.
Methyllis Salicylas.
SPD No. (none)—1 oz. in bottle—30 bottles, located Norfolk, Va. Mfr. unknown.
SPD No. 11731—1 lb. in bottle—25 bottles, located Atlanta, Ga. Mfr. unknown.
Mystura Glycyrrhizae Comp.
SPD No. (none)—500 in bottle—211 bottles, located Norfolk, Va. Mfr. unknown.
SPD No. 20758—1,000 in bottle—3,100 bottles, located St. Louis, Mo. Mfr. unknown.
SPD No. 16686—1,000 in bottle—21,149 bottles, located Washington, D. C. Mfr., McCambridge & McCambridge.
SPD No. 20800—1,000 in bottle—36,000 bottles, located Washington, D. C. Mfr. unknown.
SPD No. 20744—1,000 in bottle—500 bottles, located Brooklyn, N. Y. Mfr. unknown.
SPD No. SE-214—1,000 in bottle—8,494 bottles, located Atlanta, Ga. Mfr. unknown.
SPD No. E-469—1,000 in bottle—11,115 bottles, located Philadelphia, Pa. Mfr., Howman, Mell & Co.
SPD No. (none)—1,000 in bottles—4,000 bottles, located San Francisco, Calif. Mfr. unknown.
SPD No. E-469—1,200 in bottle—85 bottles, located Philadelphia, Pa. Mfr., Burgoine & Burbridge.
SPD No. E-469—3,600 in bottle—4,247 bottles, located Philadelphia, Pa. Mfr., Burgoine & Burbridge.
SPD No. (none)—3,600 in bottle—1,250 bottles, located San Francisco, Calif. Mfr. unknown.
Morphinæ Hydrochloridæ.
SPD No. (none)—10 gms. in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
SPD No. E-1063—10 mgm. in amp.—30,100 amp., located Philadelphia, Pa. Mfr., various contractors.
SPD No. (none)—50 gms. in bottle—1 bottle, located Philadelphia, Pa. Mfr. unknown.
Morphinæ Sulphas.
SPD No. 17561—1/4 oz. in bottle—55,691 bottles, located Brooklyn, N. Y. Mfr., E. R. Squibbs & Sons, et al.
SPD No. 19900—1/4 oz. in bottle—200 bottles, located Atlanta, Ga. Mfr. unknown.
SPD No. 17667—1/4 oz. in bottle—12,602 bottles, located Philadelphia, Pa. Mfr., Powers, Weightman & Rosengarten.
SPD No. 17563—1/4 oz. in bottles—1,000 bottles, located Philadelphia, Pa. Mfr., McCambridge & McCambridge.
SPD No. 20195—pulvis U. S. P.—200 oz., located Chicago, Ill. Mfr. unknown.
SPD No. 18178—pulvis U. S. P.—25 oz., located Washington, D. C. Mfr., Merck & Co., et al.
SPD No. 10996—pulvis U. S. P.—200 oz., located San Francisco, Calif. Mfr. unknown.
SPD No. E-1296—pulvis 10 oz. in tin. 44 tins, located Philadelphia, Pa. Mfr. unknown.
SPD No. 15765—8 mgm. tabs. 20 in tube. 352,100 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co., et al.
SPD No. 16414—8 mgm. tabs. 20 in tube. 1,429,014 tubes, located Washington, D. C. Mfr., Sharpe & Dohme, et al.
SPD No. 17592—8 mgm. tabs. in tube. 98,600 tubes, located Brooklyn, N. Y. Mfr., Norwich Pharmaceutical Co., et al.
SPD No. 17567—8 mgm. tabs. 20 in tube. 331,470 tubes, located Philadelphia, Pa. Mfr., Eli Lilly Co., et al.
SPD No. E-974—8 mgm. tabs. 20 in tube. 29,659 tubes, located Philadelphia, Pa. Mfr., various contractors.
SPD No. E-974—8 mgm. tabs. 25 in tube. 132 tubes, located Philadelphia, Pa. Mfr., various contractors.
SPD No. E-974—8 mgm. tabs. 100 in bottle. 7,556 bottles, located Philadelphia, Pa. Mfr., various contractors.
SPD No. (none)—8 mgm. tabs. 100 in bottle. 318 bottles, located San Francisco, Calif. Mfr. unknown.
SPD No. E-974—8 mgm. tabs. 250 in bottle. 236 bottles, located Philadelphia, Pa. Mfr. unknown.
SPD No. 17564—8 mgm. tabs. 250 in bottle. 2,875 bottles, located Philadelphia, Pa. Mfr., Sharpe & Dohme, et al.
SPD No. SE-298—8 mgm. tabs. 500 in bottle. 606 bottles, located Atlanta, Ga. Mfr., McCambridge & McCambridge.
SPD No. E-1296—8 mgm. tabs. 500 in bottle. 4 bottles, located Philadelphia, Pa. Mfr. unknown.
SPD No. (none)—8 mgm. tabs. 500 in bottle. 5,080 bottles, located Philadelphia, Pa. Mfr. unknown.



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SEE PRECEDING PAGE

WAR DEPARTMENT
Send for bulletin listing all

hospital List No. 9 (continued) **profit—List continued on next page**

SPD No. (none)—8 mgm. tabs. 500 in bottle, 300 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—8 mgm. tabs. 500 in bottle, 44 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-806—8 mgm. tabs. 500 in bottle, 61 bottles, located Schenectady, N. Y. Mfr., McAmbridge & McAmbridge.
 SPD No. E-1296—8 mgm. tabs. 600 in tin, 65 tins, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—¼ gr. h. t.—139 amp., located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—¼ gr. h. t. 500 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 Naphthalinum.
 SPD No. (none)—½ lbs., located Chicago, Ill. Mfr. unknown.
 Nystrolyserine.
 SPD No. (none)—0.65 mgm. in pkgs. 30 pkgs., located Norfolk, Va. Mfr. unknown.
 SPD No. (none)—Class A—4 bottles, located Chicago, Ill. Mfr. unknown.
 Normal Saline Solution Tabs.
 SPD No. E-982—100 in bottle, 263 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-982—150 in bottle, 31 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-982—200 in bottle, 3,100 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3,000 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 Ointment Antiseptic.
 SPD No. (none)—¼ lb. in bottle, 128 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. SE-298—1 lb. in tin, 300 tins, located Atlanta, Ga. Mfr. unknown.
 SPD No. SE-329—1 lb. in tin, 536 tins, located St. Louis, Mo. Mfr., H. K. Mulford & Co.
 SPD No. W-47—1 lb. in tin, 180 tins, located San Francisco, Calif. Mfr., H. K. Mulford & Co.
 Ointment Aspidin.
 SPD No. (none)—50 c. c. in bottle, 250 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. C-227—1 oz. in bottle, 75 bottles, located Chicago, Ill. Mfr. H. J. Baker & Bros., et al.
 SPD No. 20448—1 oz. in bottle, 150 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. 18050—1 oz. in bottle, 2,640 bottles, located Brooklyn, N. Y. Mfr., Magnus, Mabbe & Reynard.
 SPD No. E-235—1 oz. in bottle, 452 bottles, located Philadelphia, Pa. Mfr., Norwich Pharmaceutical Co.
 SPD No. (none)—1 oz. in bottle, 37 bottles, located Norfolk, Va. Mfr. unknown.
 Oleum Anacardi.
 SPD No. E-1032—¼ lb. in bottle, 216 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 18294—¼ lb. in bottle, 1,550 bottles, located Brooklyn, N. Y. Mfr., Magnus, Mabbe & Reynard.
 Oleum Caryophylli, N. S. P.
 SPD No. E-1033—1 oz. in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—1 oz. in bottle, 68 bottles, located Chicago, Ill. Mfr. unknown.
 SPD No. E-1033—¼ lb. in bottle, 172 bottles, located Philadelphia, Pa. Mfr. unknown.
 Oleum Chenopodii, 5 min.
 SPD No. 19925—100 glob. in box, 103 boxes, located New Orleans, La. Mfr., Eli Lilly & Co., et al.
 SPD No. 19898—100 glob. in box, 200 boxes, located Atlanta, Ga. Parke, Davis & Co., Mfr.
 SPD No. E-240—100 glob. in box, 496 boxes, located Philadelphia, Pa. Mfr., Eli Lilly & Co.
 SPD No. 19948—100 glob. in box, 200 boxes, located St. Louis, Mo. Mfr., Eli Lilly & Co.
 SPD No. E-240—U. S. P. 50 glob. in box, 1 box, located Philadelphia, Pa. Mfr., Eli Lilly & Co.
 Oleum Gossypii Seminis.
 SPD No. E-1033—3 pts. in tin, 10 tins, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 19052—1 qt. in tin, 87,136 tins, located Schenectady, N. Y. Mfr. unknown.
 SPD No. (none)—1 qt. in tin, 140 tins, located Norfolk, Va. Mfr. unknown.
 SPD No. 19933—1 gal. in tin, 12,580 tins, located St. Louis, Mo. Mfr., Cal Hirsch & Sons, et al.
 Opil Pulvis.
 SPD No. E-231—1 oz. in bottle, 12 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 15771—2 oz. in bottle, 250 bottles, located St. Louis, Mo. Mfr., Powers, Weightman & Rosengarten.
 SPD No. 18180—2 oz. in bottle, 80 bottles, located San Antonio, Tex. Mfr., McKesson & Robbins.
 SPD No. 18976—2 oz. in bottle, 500 bottles, located Brooklyn, N. Y. Mfr., Powers, Weightman & Rosengarten.
 SPD No. (none)—2 oz. in bottle, 1,614 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 18180—4 oz. in tin, 20 tins, located San Antonio, Tex. Mfr., Mallen-krodt Chemical Co.

SPD No. 18180—16 oz. in tin, 9 tins, located San Antonio, Tex. Mfr., Meyer Bros.
 SPD No. E-231—100 gms. in bottle, 28 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 20543—100 gms. in bottle, 150 bottles, located St. Louis, Mo. Mfr., McKesson & Robbins.
 SPD No. 18179—100 gms. in bottle, 82 bottles, located San Francisco, Calif. Mfr., McKesson & Robbins.
 Panovatin.
 SPD No. E-1229—100 gm. in bottle, 168 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—100 gm. in bottle, 47 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—100 gm. in bottle, 51 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—250 gms. in bottle, 4 bottles, located Brooklyn, N. Y. Mfr. unknown.
 Papelinum.
 SPD No. 10253—1 oz. in bottle, 30,384 bottles, located Chicago, Ill. Mfr., Fred'k Sterns, et al.
 SPD No. (none)—1 oz. in bottle, 9 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1241—3 oz. in bottle, 873 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 9 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 22 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1241—8 oz. in bottle, 15 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. E-987—8 oz. in bottle, 125 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—8 oz. in bottle, 45 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-987—50 gms. in bottle, 1 bottle, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—50 gms. in bottle, 15 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—50 gms. in bottle, 7 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—U. S. P. Class A. 1,171 oss., located Chicago, Ill. Mfr. unknown.
 Penicillin Tablets.
 SPD No. E-1030—100 in bottle, 535 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—100 in bottle, 38 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1030—125 in bottle, 500 bottles, located Philadelphia, Pa. Mfr. unknown.
 Petrolatum Liquidum.
 SPD No. 16688—3 lbs. in tin, 36 tins, located Atlanta, Ga. Mfr., Cal. Hirsch & Sons.
 Phenol.
 SPD No. 16087—17½ lbs., located Washington, D. C. Mfr., Monsanto Chemical Co.
 SPD No. (none)—5 lbs. in bottle, 980 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. 16088—5 lbs. in bottle, 120 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—5 lbs. in bottle, 470 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—Crystals, U. S. P., ½ lb. in bottle, 55½ bottles, located Norfolk, Va. Mfr. unknown.
 Pulvis Alois Compositus.
 SPD No. 18061—500 in bottle, 4,200 bottles, located St. Louis, Mo. Mfr., Bristol, Meyer & Co.
 SPD No. 16093—500 in bottle, 4,196 bottles, located Washington, D. C. Mfr., Frederick Sterns & Co.
 SPD No. 20665—(vet) 12 caps. in pkg., 2,000 pkgs., located St. Louis, Mo. Mfr., Parke, Davis & Co.
 SPD No. E-436—(vet) 12 caps. in pkg., 292 pkgs., located Philadelphia, Pa. Mfr., various contractors.
 Pulvis Camphor Et Opil.
 SPD No. E-491—250 in bottle, 2 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. SE-214—500 in bottle, 400 bottles, located Atlanta, Ga. Mfr. unknown.
 SPD No. E-491—500 in bottle, 741 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 20797—500 in bottle, 29,000 bottles, located Washington, D. C. Mfr. unknown.
 SPD No. E-491—875 in bottle, 343 bottles, located Philadelphia, Pa. Mfr. unknown.
 Pulvis Carminative w/o Morphinas.
 SPD No. W-44—5 mgm. 200 in bottle, 750 bottles, located San Francisco, Calif. Mfr., Clinton E. Worden & Co.
 SPD No. W-45—w/ 8 mgm. 200 in bottle, 650 bottles, located San Francisco, Calif. Mfr., Schieffelin & Co., et al.
 SPD No. C-326—w/ 8 mgm. 200 in bottle, 768 bottles, located St. Louis, Mo. Mfr., Schieffelin & Co., et al.

List continued on next page—

May 19th, 1921
ON CONDITIONS OF SALE

Surplus Property Sales
Items offered in this great sale



LIST NO. 9
MEDICAL & HOSPITAL

Medical and Hospital

(Continued from preceding pages)

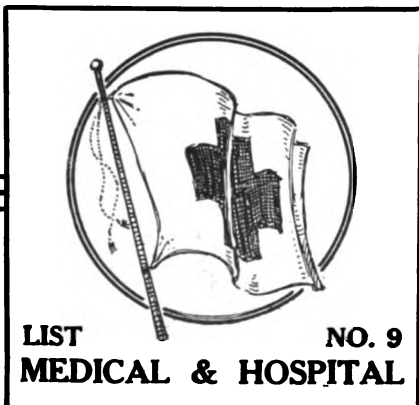
Read Every Item and Act Promptly

Pharmaceutical Composites.

SPD No. (none)—67 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1010—400 in bottle, 85 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—400 in bottle, 1 bottle, located Schenectady, N. Y. Mfr. unknown.
 SPD No. 20543—500 in bottle, 1,900 bottles, located St. Louis, Mo. Mfr., McKesson & Robbins.
 SPD No. 18301—500 in bottle, 80 bottles, located Brooklyn, N. Y. Mfr., Parke, Davis & Co.
 SPD No. (none)—500 in bottle, 40 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 20830—U. S. P., 500 in bottle, 23,580 bottles, located Washington, D. C. Mfr., F. E. Arner Co.
 SPD No. 10229—1,000 in bottle, 950 bottles, located New Orleans, La. Mfr., McKesson & Robbins.
 SPD No. SE-54—1,000 in bottle, 950 bottles, located Atlanta, Ga. Mfr., McKesson & Robbins.
 SPD No. 19975—1,000 in bottle, 2,650 bottles, located San Antonio, Tex. Mfr., Frederick Stearns Co.
 SPD No. E-1010—1,000 in bottle, 265 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. C-232—1,000 in bottle, 1,000 bottles, located Chicago, Ill. Mfr. unknown.
 Plumbi Acetas.
 SPD No. (none)—100 in bottle, 230 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. SE-306—130 mgm. 500 in bottle, 769 bottles, located Atlanta, Ga. Mfr., Glen Falls Phar. Co.
 SPD No. (none)—130 mgm. 500 in bottle, 598 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—130 mgm. 500 in bottle, 374 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—130 mgm. 600 in bottle, 42 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—600 in bottle, 101 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. SE-303—130 mgm. 875 in bottle, 130 bottles, located Atlanta, Ga. Mfr., John Wyeth & Brothers.
 SPD No. (none)—10 in tube, 19 tubes, located Philadelphia, Pa. Mfr. unknown.
 Potassium Bromidum.
 SPD No. 19986—1 lb. in bottle, 200 bottles, located San Antonio, Tex. Mfr., Powers, Wehlman Chem. Co.
 SPD No. E-1246—5 gr. tabs. 100 boxes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-1246—324 mgm. 500 in bottle, 164 bottles, located Philadelphia, Pa. Mfr. unknown.
 Potassium Chloras Pulvis.
 SPD No. (none)—1 lb. in bottle, 140 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 19992—U. S. P., 175 lbs., located San Francisco, Calif. Mfr., Lohn & Fink.
 SPD No. (none)—324 mgm. 200 in bottle, 15 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—324 mgm. 200 in bottle, 551 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1236—500 in bottle, 339 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—500 in bottle, 9 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 106 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1237—324 mgm. 1,000 in bottle, 145 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. W-32—324 mgm. 1,000 in bottle, 212 bottles, located San Francisco, Calif. Mfr., various mfrs.
 SPD No. (none)—324 mgm. 1,260 in tin, 3 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Et Sodii Tartar, U. S. P. Crystals.
 SPD No. 19923—796 lbs., located New Orleans, La. Mfr., Merck & Co., et al.
 SPD No. 20199—3 lb. tins, 1,500 lbs., located Chicago, Ill. Mfr., Charles Pfizer.
 SPD No. E-1035—1 lb. in tin, 32 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Et Sodii Tartar.
 SPD No. E-1035—3 lb. tins, 384 lbs., located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3 lb. in tin, 12-2-3 tins, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1035—3 lb. in tin, 24 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Iodidum.
 SPD No. 20760—324 mgm. 500 in bottle, 1,000 bottles, located St. Louis, Mo. Mfr., Norwich Pharmacal Co.
 SPD No. 20796—324 mgm. 500 in bottle, 7,600 bottles, located Washington, D. C. Mfr. unknown.
 SPD No. 20743—324 mgm. 500 in bottle, 600 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. 20747—324 mgm. 500 in bottle, 350 bottles, located Atlanta, Ga. Mfr., Fred C. Arner Co.
 SPD No. E-471—324 mgm. 500 in bottle, 5498 bottles, located Philadelphia, Pa. Mfr., McKesson & Robbins, et al.

Pulvis Ipecac. Et Opli.

SPD No. E-472—700 in bottle, 22 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 472—1,000 in bottle, 1 bottle, located Philadelphia, Pa. Mfr. various contractors.
 Quinine Dihydrochloridum.
 SPD No. (none)—32 mgm., 20 in tube, 10,000 tubes, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. C-233—32 mgm., 20 in tube, 1,000 tubes, located Chicago, Ill. Mfr., Eli Lilly Co.
 SPD No. 19983—250 in bottle, 32 mgm., 1,200 bottle, located San Antonio, Tex. Mfr., Eli Lilly & Co.
 SPD No. C-234—32 mgm., 250 in bottle, 199 bottles, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 19930—199 bottles, located St. Louis, Mo. Mfr., Eli Lilly & Co.
 SPD No. 16183—32 mgm., 25 in tube, 9,562 tubes, located Washington, D. C. Mfr., Parke, Davis & Co.
 Quinine Hydrochloridum Sulphas
 SPD No. E-1038—32 mgm., 20 in tubes, 2,331 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-54—32 mgm., 20 in tube, 4,000 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co., Sharpe & Dohme Co.
 SPD No. 19940—32 mgm., 20 in tube, 2,513 tubes, located St. Louis, Mo. Mfr., Sharpe & Dohme.
 SPD No. (none)—32 mgm., 20 in tube, 170 tubes, located New Cumberland, Pa. Mfr. unknown.
 SPD No. (none)—32 mgm., 20 in tube, 700 tubes, located Norfolk, Va. Mfr. unknown.
 SPD No. SE-54—32 mgm., 25 in tube, 40 tubes, located Atlanta, Ga. Mfr., J. T. Milliken Co., Parke, Davis & Co.
 SPD No. E-1038—32 mgm., 25 in tube, 422 tubes, located Philadelphia, Pa. Mfr. unknown.
 Resina Podophylli—Class "A"
 SPD No. (none)—436½ oz., located Chicago, Ill. Mfr. unknown.
 SPD No. (none)—10 gms. in bottle, 104 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—25 gms. in bottle, 10 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—25 gms. in bottle, 216 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 320 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 251 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 506 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-305—¼ oz. in bottle, 12 5-6 bottles, located Atlanta, Ga. Mfr. unknown.
 Saccharum Lactis Pulvis.
 SPD No. 3384—1 lb. in bottle, 11 bottles, located Philadelphia, Pa. Mfr., Smith, Kline & French.
 SPD No. (none)—1 lb. in bottle, 69 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—1 lb. in carton, 10 cartons, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 23 bottles, located Philadelphia, Pa. Mfr. unknown.
 Sodii Bicarbonas Et Mentha. Flg.
 SPD No. E-1013—500 in bottle, 3 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 3 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 20203—1,000 in bottle, 1,200 bottles, located Chicago, Ill. Mfr., R. J. Strassenburg.
 SPD No. 20832—1,000 in bottle, 5,000 bottles, located Washington, D. C. Mfr., McKesson & Robbins.
 SPD No. E-1013—1,000 in bottle, 3,140 bottles, located Philadelphia, Pa. Mfr. unknown.
 Sodii Boras Pulvis (Commercial).
 SPD No. 20203—3,800 lbs., located Chicago, Ill. Mfr., Pacific Coast Borax Co.
 SPD No. 18311—100 lbs. in keg, 1,630 kegs, located Brooklyn, N. Y. Mfr., Pacific Coast Borax Co.
 Sodii Carbonas Monohydrate.
 SPD No. E-1012—½ lb. in bottle, 131 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. C-235—1 lb. in bottle, 1,000 bottles, located Chicago, Ill. Mfr., Madison Trading Co.
 SPD No. 19988—1 lb. in bottle, 3,000 bottles, located San Antonio, Tex. Mfr., Madison Trading Co.
 SPD No. SE-63—1 lb. in bottle, 1,500 bottles, located Atlanta, Ga. Mfr., Madison Trading Co.
 SPD No. (none)—1 lb. in bottle, 1,000 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. E-1012—1 lb. in bottle, 4,474 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 19938—1 lb. in bottle, 4,000 bottles, located St. Louis, Mo. Mfr., Madison Trading Co.



Sealed Bid Sale
 SEE PRECEDING PAGE

WAR DEPARTMENT
 Send for bulletin listing all

List No. 9

tly for Profit

SPD No. (none)—1 lb. in bottle, 170 bottles, located Norfolk, Va. Mfr. unknown.
Sodii Chlorate.
 SPD No. C-321—1 lb. in bottle, 7,786 bottles, located St. Louis, Mo. Mfr. McKesson & Robbins Co.
 SPD No. W-28—1 lb. in bottle, 225 bottles, located San Francisco, Calif. Mfr. McKesson & Robbins Co.
 SPD No. E-1063—1 lb. in bottle, 39 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-306—1 lb. in bottle, 4,475 bottles, located Atlanta, Ga. Mfr. McKesson & Robbins Co.
 SPD No. E-1063—1 lb. in carton, 1,775 cartons, located Philadelphia, Pa. Mfr. unknown.
Sodii Chloridum.
 SPD No. (none)—25 lbs. in carton, 4 cartons, located Brooklyn, N. Y. Mfr. unknown.
Sodii Fluoridum.
 SPD No. E-886—1 lb. in pkg., 26 pkgs., located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-986—406 lbs., located Philadelphia, Pa. Mfr. unknown.
Sodii Salicylas.
 SPD No. 15785—324 mgm., 500 in bottles, 1,000 bottles, located Chicago, Ill. Mfr., Pittman, Moore Co. et al.
 SPD No. 16688—324 mgm., 500 in bottles, 300 bottles, located San Francisco, Calif. Mfr., W. S. Merrill Chem. Co.
Sodii Sulphas.
 SPD No. (none)—50 lbs., located Philadelphia, Pa. Mfr. unknown.
Spiritus Juniperius.
 SPD No. (none)—43 gals., located Chicago, Ill. Mfr. unknown.
Streptanthiumum.
 SPD No. SE-69—5 mgm., 20 in tube, 1,000 tubes, located Atlanta, Ga. Mfr. Fraser Tablet Co.
 SPD No. 20423—5 mgm., 20 in tube, 4,500 tubes, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co.
 SPD No. 18317—5 mgm., 20 in tube, 3,300 tubes, located Brooklyn, N. Y. Mfr., Fraser Tablet Co.
 SPD No. 16102—5 mgm., 20 in tube, 8,250 tubes, located Philadelphia, Pa. Mfr., H. K. Mulford.
 SPD No. E-1003—5 mgm., 20 in tube, 1,748 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—5 mgm., 20 in tube, 140 tubes, located Norfolk, Va. Mfr. unknown.
Strychnine Sulphas.
 SPD No. 20205—1 mgm., 20 in tube, 5,000 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 19883—1 mgm., 20 in tube, 139,995 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 20693—1 mgm., 20 in tube, 463,950 tubes, located Washington, D. C. Mfr., Sharpe & Dohme Co.
 SPD No. (none)—1 mgm., 20 in tube, 164 tubes, located Washington, D. C. Mfr. unknown.
 SPD No. SE-73—1 mgm., 20 in tube, 4,000 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co.
 SPD No. 18318—1 mgm., 20 in tube, 628,415 tubes, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co., Parke, Davis & Co.
 SPD No. E-1015—1 mgm., 20 in tube, 37,095 tubes, located Philadelphia, Pa. Mfr., Parke, Davis & Co., Sharpe & Dohme Co., et al.
 SPD No. 19937—1 mgm., 20 in tube, 304 tubes, located St. Louis, Mo. Mfr., Sharpe & Dohme Co., Eli Lilly & Co.
 SPD No. SE-83—1 mgm., 25 in tube, 8,371 tubes, located Boston, Mass. Mfr. unknown.
 SPD No. SE-73—1 mgm., 25 in tube, 148 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co.
 SPD No. E-1015—1 mgm., 25 in tube, 13,646 tubes, located Philadelphia, Pa. Mfr., Parke, Davis & Co., et al.
 SPD No. 20423—1 mgm., 250 in bottle, 5,200 bottles, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co.
 SPD No. 1015—1 mgm., 250 in bottle, 10,663 bottles, located Philadelphia, Pa. Mfr., various manufacturers.
 SPD No. 16104—1 mgm., 250 in bottle, 2,200 bottles, located St. Louis, Mo. Mfr., John T. Milliken & Sons.
 SPD No. 19931—1 mgm., 250 in bottle, 5,000 bottles, located St. Louis, Mo. Mfr., Norwich Phar. Co. et al.
 SPD No. E-1013—1 mgm., 500 in bottle, 49 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—½ gr. V. H. T., 45,000 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. E-438—½ gr. V. H. T., 17,909 bottles, located Philadelphia, Pa. Mfr., various contractors.
Sulphomethasum.
 SPD No. SE-310—324 mgm., 725 in can, 22 cans, located Atlanta, Ga. Mfr. unknown.
Sulphometh.
 SPD No. (none)—324 mgm., 200 in bottle, 1,210 bottles, located San Francisco, Calif. Mfr. unknown.
Trenchard Ammonii Chloride—250 in bottles.
 SPD No. 14250—17,150 bottles, located Chicago, Ill. Mfr., Allaire, Woodward & Co.



SPD No. 16108—5,500 bottles, located St. Louis, Mo. Mfr., Glen Falls Pharmaceutical Co.
 SPD No. 20816—5,000 bottles, located Washington, D. C. Mfr., Frederick C. Arner & Co.
 SPD No. 19964—4,000 bottles, located San Antonio, Texas. Mfr., Sharpe & Dohme Co.
 SPD No. 18322—1,150 bottles, located Brooklyn, N. Y. Mfr., Frederick Sterns & Co.
 SPD No. 19942—1,300 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. E-234—5,188 bottles, located Philadelphia, Pa. Mfr., Sharpe & Dohme Co.
 SPD No. 16107—6,570 bottles, located Philadelphia, Pa. Mfr., Glen Falls Pharmaceutical Co.
Unguentum Capsici—¼ oz. in tubes.
 SPD No. SE-316—998 tubes, located Atlanta, Ga. Mfr. unknown.
 SPD No. 3810—8,310 tubes, located Chicago, Ill. Mfr. unknown.
 SPD No. E-1233—10,101 tubes, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—1,399 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—395 tubes, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—1,073 tubes, located San Francisco, Calif. Mfr. unknown.
Unguentum Hydrargyri.
 SPD No. 20206—3,000 lbs., located Chicago, Ill. Mfr., Parke, Davis & Co.
 SPD No. (none)—1,000 lbs., located Washington, D. C. Mfr. unknown.
 SPD No. E-1009—2,570 lbs., located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 19879—769 lbs., located New Cumberland, Pa. Mfr., Powers, Weightman & Rosengarten.
 SPD No. 1008 (5 lbs. in tins), 87 tins, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 18324—2,000 tins, located Brooklyn, N. Y. Mfr., Wm. S. Merrill Chemical Co.
 SPD No. 20409—400 tins, located Brooklyn, N. Y. Mfr., Powers, Weightman & Rosengarten.
Unguentum Hydrargyri Chloridi Nite.
 SPD No. (none)—208 lbs., located New Orleans, La. Mfr. unknown.
 SPD No. 19987—500 lbs., located San Francisco, Calif. Mfr. unknown.
 SPD No. 19880—1,006 lbs., located New Cumberland. Mfr., Pitman, Moore & Co.
 SPD No. (none)—1,660 lbs., located Norfolk, Va. Mfr. unknown.
 SPD No. (18325 (1 lb. in jars), 7,321 jars, located Washington, D. C. Mfr., Parke, Davis & Co., et al.
 SPD No. E-1006—17 jars, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 12306 (¼ lb. in jars), 37,900 jars, located Chicago, Ill. Mfr., Parke, Davis & Co., et al.
 SPD No. 18325—31,050 jars, located Washington, D. C. Mfr., Pitman, Moore & Co., et al.
 SPD No. 20405—5,600 jars, located Brooklyn, N. Y. Mfr., E. R. Squibbs & Sons.

**DON'T MISS THE
NEXT PAGE!**



LIST NO. 9
MEDICAL & HOSPITAL

ing May 19, 1921
OR CONDITIONS OF SALE

Surplus Property Sales
Items offered in this great sale



Two More Sales

To be Conducted

By the

WAR DEPARTMENT ***Surgical Supplies*** **and** ***Hospital Supplies*** **and *Equipment***

These sales, to be held later, will be of commanding interest to every surgeon, physician and official of hospital or clinic. The supplies and equipment, made for use under severest war service, are of such fine quality and workmanship as will appeal to your professional instincts; the money-saving prices to your sound business judgment.

N. Y., 1st Ave. & 59th St., Brooklyn, N. Y.
Washington, D. C., 21 "M" St., N. E.
Atlanta, Stewart Ave. and Glenn St.
Chicago, 1819 West 39th St.
St. Louis, 500 North Fourth St.
San Francisco, The Presidio of San Francisco
San Antonio, South Medina St.

Watch and Wait for These Two Great Sales

**Read every one of the preceding
seven pages covering the gigantic
sale of DRUGS now in progress.**

M & H LIST No. 9

BIDS CLOSING MAY 19, 1921

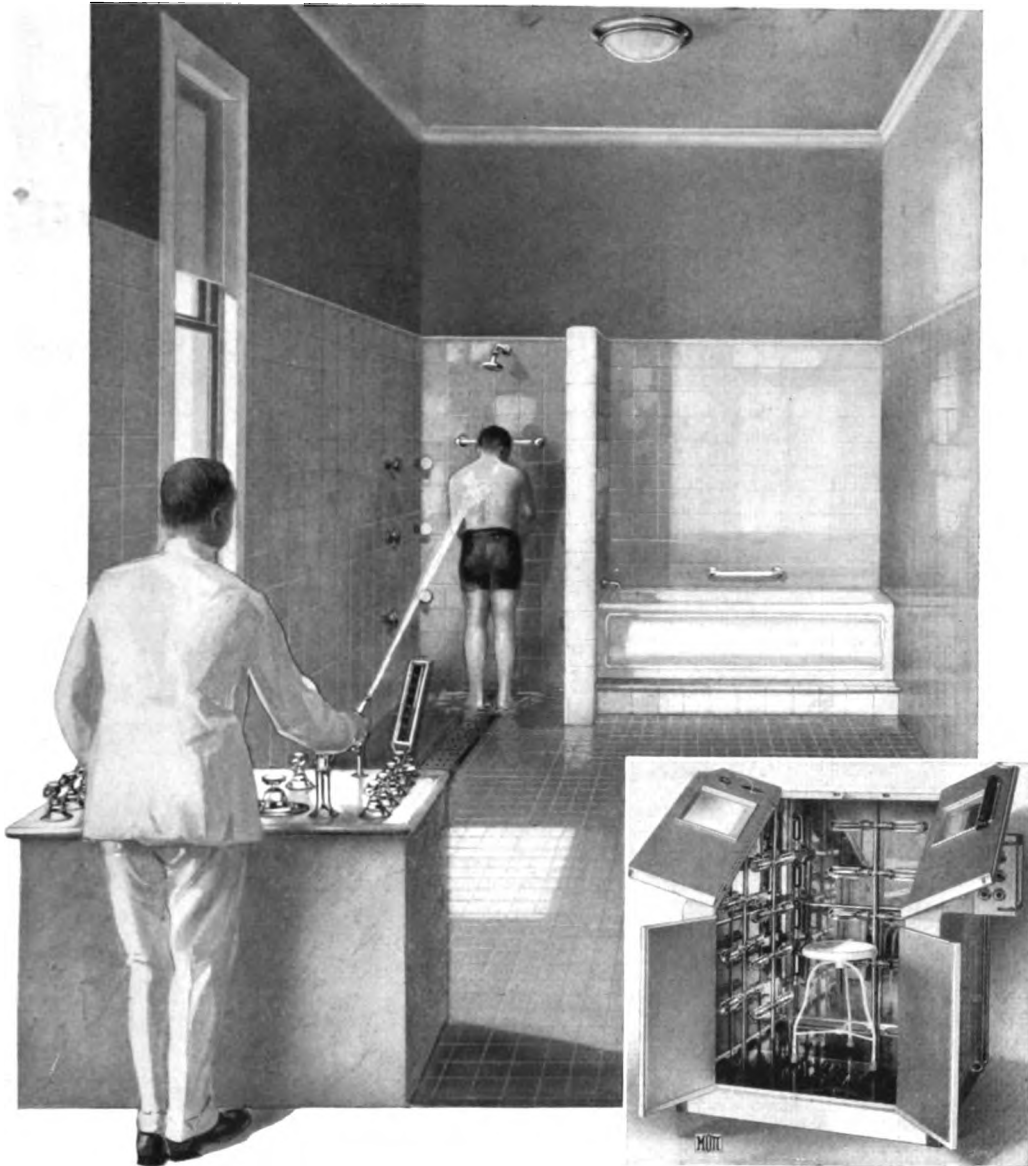
If you have bought War Department Surplus Property before, you know the exceptional opportunities. If you are now making your initial purchase, you will discover a new, reliable and most economical source of supply.

Watch for the Coming Sales

SURPLUS PROPERTY SECTION

Office of the Surgeon General of the Army
Munitions Bldg., Washington, D. C.

WAR DEPARTMENT ***"Surplus Property Sales"***



The "Hydro" room in Dr. Deal's newly equipped institution — First National Bank Building, Springfield, Ill.

From the rose spray shower and needle with a minimum of brass work to

the Control Table with thermostatic regulation of water temperatures—the equipment throughout is the best that science and skill can produce. Mott specialists are at your service.

THE J. L. MOTT IRON WORKS

TRENTON, N. J.

NEW YORK: FIFTH AVENUE AND SIXTEENTH STREET

†Boston
†Chicago
†Lincoln, Neb.
†Seattle
MOTT COMPANY, Limited
†Toronto, †Minneapolis, Can. †Montreal,

†Jacksonville, Fla.
†St. Paul, Minn.
†Newark, N. J.

†Des Moines
†Detroit
†Toledo

Indianapolis
Dayton, Ohio
†St. Louis

†Cleveland
†Kansas City, Mo.
†Salt Lake City

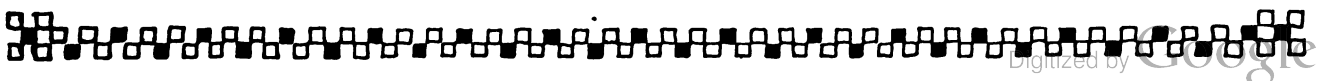
Pittsburgh
†Washington, D. C.
Columbus, O.

Houston, Texas
†Portland, Ore.
El Paso, Texas
†Havana, Cuba

MOTT SOUTHERN CO.
†Atlanta, Ga.
†Showrooms equipped with model bathrooms

MOTT CO. of PENNA.
†Philadelphia, Pa.

MOTT CO. of CALIF.
†San Francisco, †Los Angeles





*The New
General Hospital
to be
Erected at
Portsmouth, N. H.*

The Hospital Portsmouth Needed

Building fund raised in seven days.
Campaign organized in four weeks.
Total subscribed by public, \$150,421.
Population of Portsmouth, 14,000.

CAMPAIGN UNDER THE DIRECTION OF

WILL, FOLSOM AND SMITH

512 Fifth Avenue (at 43rd Street)

New York

How Portsmouth Realized Its Biggest Civic Achievement

WHAT OTHER TOWNS HAVE DONE, PORTSMOUTH CAN DO — AND MORE.

\$150,000. IN ONE WEEK FOR YOUR NEW HOSPITAL

It's Up To Every Citizen Whether The Hospital Goes Backward or Forges Ahead.

R. Clyde Morrison, Chairman Men's Division

MEN'S DIVISION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
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825	100	1190	745	255	620	539	222	415	274	285	309	488	302	436	445	225	301	251	383	359	609	2508	400	68	6	36	158	6	11	1645	84	165	68	584								
203	282	165	1418	305	235	110	770	395	614	126	96	1498	193	277	136	344	690	283	418	238	825	438	165	72	197	447	47	321	152	100	278	608	274	34	4560	17,216	67,446					
139	229	397	1418	169	377	614	186	401	663	295	405	620	370	344	472	1638	256	603	2741	794	643	751	1701	320	380	176	215	269	200	193	16	201	254	239	781	328	50	90	472	1765	22,282	67,500
76	135	106	140	75	777	725		900	60	135	162	721	348	421	166	308	143	247	776	81	211	800	386	128	147	37	60	118	72	171	462	35	12	225	2,045	11,531	10,200					
202	114	200	525	107	446	800	554	271	118	173	505	58	467	470	1129	88	240	184	420	753	285	418	346	100	196	104	400	46	66	61	100	534	760	15	382	164	250	3,990	10,833	10,322		
242	171	141	648	397	200	1372	132	578	1115	1912	678	714	172	142	5248	186	424	144	1800	214	627	368	352	396	475	109	74	15	201	132	364	192	25	27	57	12,861	32,199	10,421				

F. Beldock, Chairman of Executive Committee

WOMAN'S DIVISION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
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203	282	165	1418	305	235	110	770	395	614	126	96	1498	193	277	136	344	690	283	418	238	825	438	165	72	197	447	47	321	152	100	278	608	274	34	4560	17,216	67,446					
139	229	397	1418	169	377	614	186	401	663	295	405	620	370	344	472	1638	256	603	2741	794	643	751	1701	320	380	176	215	269	200	193	16	201	254	239	781	328	50	90	472	1765	22,282	67,500
76	135	106	140	75	777	725		900	60	135	162	721	348	421	166	308	143	247	776	81	211	800	386	128	147	37	60	118	72	171	462	35	12	225	2,045	11,531	10,200					
202	114	200	525	107	446	800	554	271	118	173	505	58	467	470	1129	88	240	184	420	753	285	418	346	100	196	104	400	46	66	61	100	534	760	15	382	164	250	3,990	10,833	10,322		
242	171	141	648	397	200	1372	132	578	1115	1912	678	714	172	142	5248	186	424	144	1800	214	627	368	352	396	475	109	74	15	201	132	364	192	25	27	57	12,861	32,199	10,421				

W. Beldock, Chairman Women's Division

KITTERY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
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203	282	165	1418	305	235	110	770	395	614	126	96	1498	193	277	136	344	690	283	418	238	825	438	165	72	197	447	47	321	152	100	278	608	274	34	4560	17,216	67,446					
139	229	397	1418	169	377	614	186	401	663	295	405	620	370	344	472	1638	256	603	2741	794	643	751	1701	320	380	176	215	269	200	193	16	201	254	239	781	328	50	90	472	1765	22,282	67,500
76	135	106	140	75	777	725		900	60	135	162	721	348	421	166	308	143	247	776	81	211	800	386	128	147	37	60	118	72	171	462	35	12	225	2,045	11,531	10,200					
202	114	200	525	107	446	800	554	271	118	173	505	58	467	470	1129	88	240	184	420	753	285	418	346	100	196	104	400	46	66	61	100	534	760	15	382	164	250	3,990	10,833	10,322		
242	171	141	648	397	200	1372	132	578	1115	1912	678	714	172	142	5248	186	424	144	1800	214	627	368	352	396	475	109	74	15	201	132	364	192	25	27	57	12,861	32,199	10,421				

W. Beldock, Chairman Women's Division

ELIOT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
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139	229	397	1418	169	377	614	186	401	663	295	405	620	370	344	472	1638	256	603	2741	794	643	751	1701	320	380	176	215	269	200	193	16	201	254	239	781	328	50	90	472	1765	22,282	67,500
76	135	106	140	75	777	725		900	60	135	162	721	348	421	166	308	143	247	776	81	211	800	386	128	147	37	60	118	72	171	462	35	12	225	2,045	11,531	10,200					
202	114	200	525	107	446	800	554	271	118	173	505	58	467	470	1129	88	240	184	420	753	285	418	346	100	196	104	400	46	66	61	100	534	760	15	382	164	250	3,990	10,833	10,322		
242	171	141	648	397	200	1372	132	578	1115	1912	678	714	172	142	5248	186	424	144	1800	214	627	368	352	396	475	109	74	15	201	132	364	192	25	27	57	12,861	32,199	10,421				

W. Beldock, Chairman Women's Division

HAMPTON

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40			
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203	282	165	1418	305	235	110	770	395	614	126	96	1498	193	277	136	344	690	283	418	238	825	438	165	72	197	447	47	321	152	100	278	608	274	34	4560	17,216	67,446					
139	229	397	1418	169	377	614	186	401	663	295	405	620	370	344	472	1638	256	603	2741	794	643	751	1701	320	380	176	215	269	200	193	16	201	254	239	781	328	50	90	472	1765	22,282	67,500
76	135	106	140	75	777	725		900	60	135	162	721	348	421	166	308	143	247	776	81	211	800	386	128	147	37	60	118	72	171	462	35	12	225	2,045	11,531	10,200					
202	114	200	525	107	446	800	554	271	118	173	505	58	467	470	1129	88	240	184	420	753	285	418	346	100	196	104	400	46	66	61	100	534	760	15	382	164	250	3,990	10,833	10,322		
242	171	141	648	397	200	1372	132	578	1115	1912	678	714	172	142	5248	186	424	144	1800	214	627	368	352	396	475	109	74	15	201	132	364											

Halve the Labor of Dishwashing

HALF the labor of washing dishes is wasted in needless handling, such as packing tableware into baskets before washing, and removing the clean dishes afterward.

One of the secrets of Autosan economy is the elimination of packing in baskets. Dishes are placed directly upon the moving conveyor and removed as easily a few seconds later, washed, rinsed, sterilized and dried.

The Autosan halves the labor of dishwashing by eliminating unessential motion, cutting payrolls 66 $\frac{2}{3}$ per cent. Breakage is reduced 60 per cent and by these twin savings the Autosan quickly pays for itself.

*Write for Folder K-50
and the facts about how the Autosan will save for you.*

COLT'S PATENT FIRE ARMS MANUFACTURING CO.
HARTFORD, CONN., U. S. A.



AUTOSAN

TRADE MARK REGISTERED U.S. PAT. OFFICE

**DISH AND SILVER
CLEANING
MACHINE**

*Padding and Covering for
Mangles Cut to Fit All
Machines.*

Knitting Padding
Wool Felt
Hair Felt
No. 12 Cotton Duck
Enamel Cloth
Special 90-inch Sheeting
Economy Sheeting
Special Covering
Asbestos Paper
Wash Room Dept.
88% Chip Soap
Soap Powder
Neutral Soda
Soda Ash
Caustic Soda, 10-pound Cans
O-So-White Liquid Bleach
Chloride Lime—10-pound Cans

Blue
Flatwork Blue
Shirt and Collar Blue
Wet Wash Blue
Ball Blue

Baskets
Canvas Baskets
Canvas Trucks
Splint Baskets
Washroom Trucks
Rattan Baskets

Pins
Bank Pins
Safety Pins
Marking Pins

Buttons
Shirt Buttons
Bone Buttons
Underwear Buttons
Collar Buttons (Wood)
Pearl Buttons

Ink
Black Ind. Ink
Red Ind. Ink
Marking Machine Ink
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SYRACUSE
January 14, 1921

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*Wouldn't you like to know more about it?
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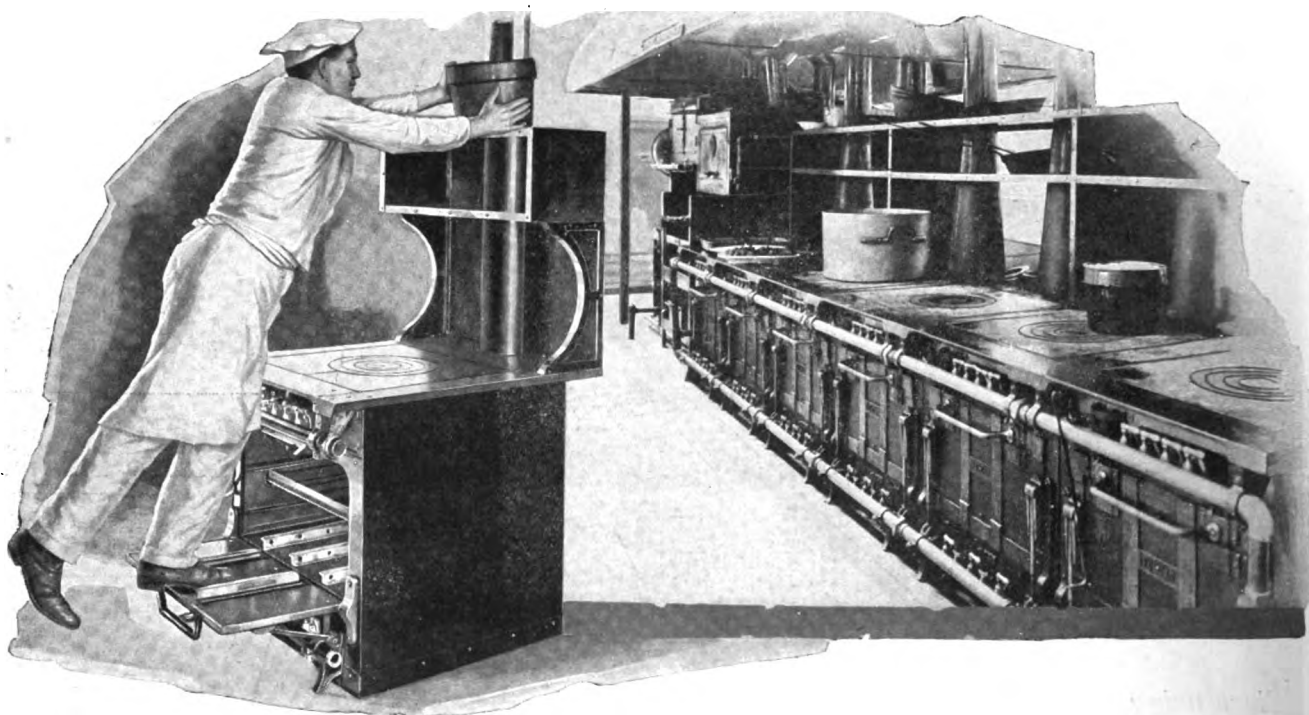
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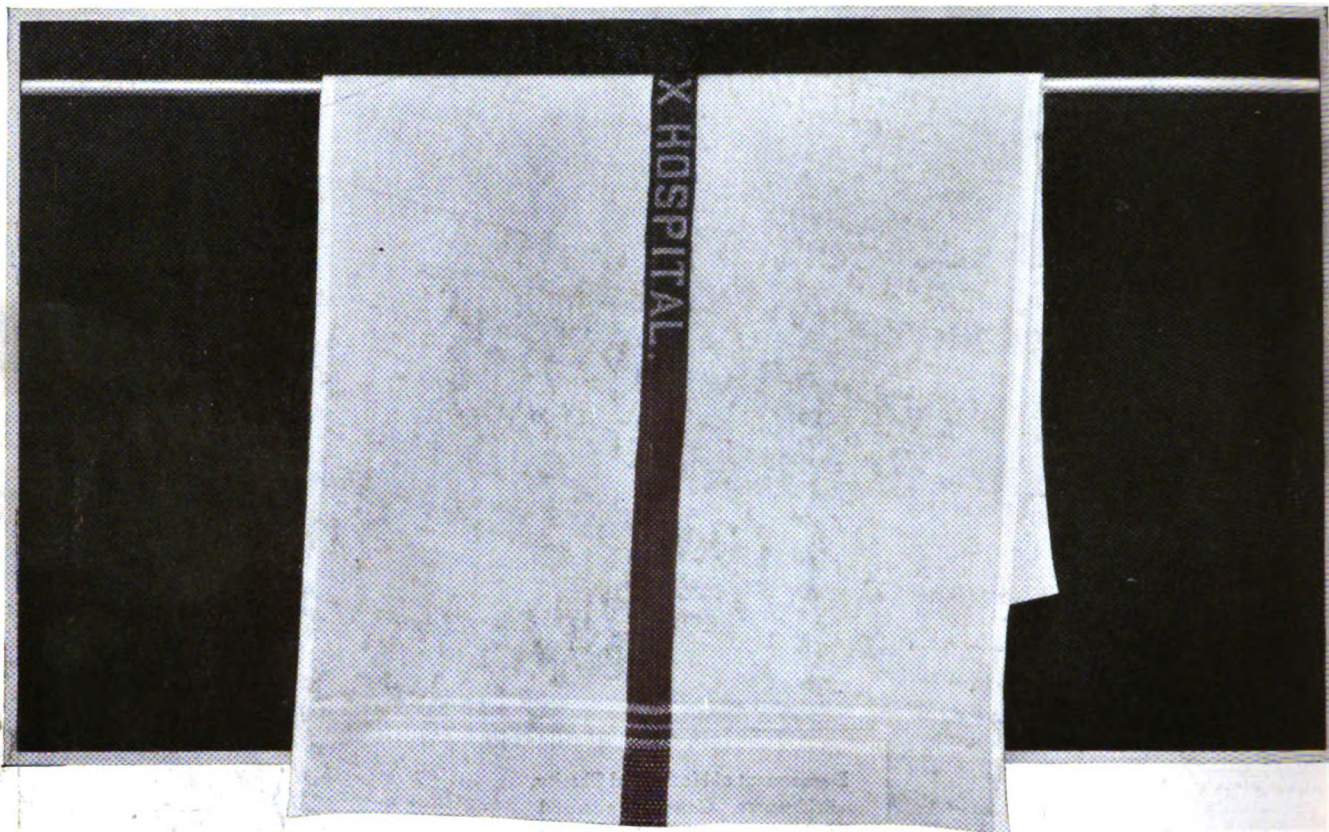
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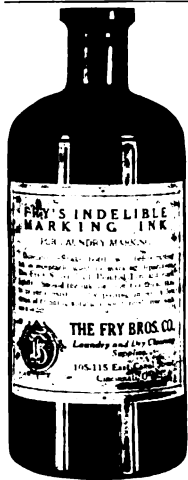
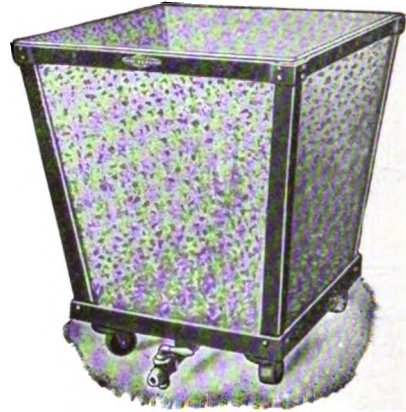
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Time in washing—
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Vol. XI, No. 4

April, 1921

HOSPITAL MANAGEMENT

537 S. Dearborn
Street,
Chicago

Published in the Interest of Executives in Every Department of Hospital Work

President Endorses National Hospital Day

THE WHITE HOUSE
WASHINGTON

March 29, 1921.

My dear Mr. Foley:

It is especially a pleasure at this time to express my interest in the work of the National Hospital Day, which seeks to arouse the largest possible public interest in the work of the country's hospitals and similar institutions. You have most properly chosen May 12th, the anniversary of the birth of Florence Nightingale, as the day to be celebrated as National Hospital Day. Just at this time those of us who are concerned in the administration of National affairs are having our attention forced to the very great need of expanded hospital facilities, by reason of the requirements of disabled soldiers. I can most heartily extend my good wishes for the most useful results from your efforts.

Very truly yours,



Mr. Matthew O. Foley,
Executive Secretary,
537 South Dearborn Street,
Chicago, Ill.

Hospital Day Sweeps the Continent

Hospitals of All Sizes and Types in United States and Canada enthusiastically Join in Educational Movement

By Matthew O. Foley, Executive Secretary, National Hospital Day Committee

Plans for a National Hospital Day on May 12, the anniversary of the birth of Florence Nightingale, pioneer in modern hospital and nursing methods, spread throughout the United States and Canada with phenomenal rapidity since the suggestion was advanced by HOSPITAL MANAGEMENT in its March issue.

Enthusiastic endorsements poured into the office of the executive secretary from superintendents of hospitals of all sizes and all types, in all sections of the United States and Canada, while the interest aroused among people outside the field may best be judged from the hearty encouragement given the movement by President Harding, governors of states, Surgeon General Hugh S. Cumming of the United States Public Health Service, Brig. Gen. Charles E. Sawyer, the president's physician, and others.

The outstanding feature of the reception with which the idea of National Hospital Day met was the ready recognition of the fact that this movement, generally speaking, means a great deal more to the small hospital in a rural or sparsely settled community than it does to the big city institution. The small institutions, moreover, constantly are in need of funds and of means of interesting their communities, and for this reason they are participating in the National Hospital Day movement with the greatest enthusiasm.

Some idea of the growth of the National Hospital Day movement may be gained from the statement that little more than a month ago less than a dozen hospital people were cognizant of such a plan, while as this is written organizations of varying degree of scope and efficiency have been set in motion in forty states and four Canadian provinces, with similar bodies in process of rapid formation in other sections of the two countries.

On other pages will be found the list of state and provincial chairmen, comments from governors, and suggestions from associations and others as to how to make most effective use of National Hospital Day.

"The plan for the observance of a National Hospital Day is splendid," writes Maude Lucile Howell, superintendent, Community Hospital and Training School, Falls City, Neb. "I believe we who are with the small hospitals will have more reason to be appreciative of this movement than the superintendents of the larger institutions. We are so busy

with the detail work, making both ends meet, that there is very little time left to try to get needed information before the public. We need to educate the public as to hospital needs, the benefit the hospital can be made to the community and as a health center, as well as other benefits."

Catherine H. Allison, R. N., superintendent, Winona General Hospital, Winona, Minn., in sending in the name of her institution as one of those that will observe the day, says: "We will hold graduating exercises on that day, also open the hospital and home for public inspection. We shall endeavor to have the merchants give us window space in the interest of National Hospital Day."

"I am very much interested in the movement for a National Hospital Day," writes Alma D. Graf, R. N., superintendent, Ohio Valley General Hospital, McKees Rocks, Pa., "and will do everything I can to interest the people of this community."

From Michigan Aleene M. Sleeper, superintendent, Nicholas Memorial Hospital, Battle Creek, sends word that "We are much interested in your plan to observe National Hospital Day, and heartily approve of the movement. We shall be more than glad to join with the others in observing the day."

And this from New York from M. Robertson, R. N., superintendent, O. L. Jones General Hospital, Jamestown: "We would be glad to have name of our hospital registered with the other hospitals which are to observe National Hospital Day, May 12, as we are heartily in accord with the idea and have already published articles in our city papers which appeared in the March HOSPITAL MANAGEMENT and intend to continue this publicity work. We will hold open house on that day and, if possible, have our graduation exercises in the evening."

Miss Alice Thatcher, superintendent, The Christ Hospital, Cincinnati, writes: "This is certainly a splendid idea, and we here in Cincinnati are planning to make a great day of it."

And Illinois: "I am glad to know that we are to have a National Hospital Day. I certainly want to join this movement, and shall do all I can to promote the interest of everyone I meet in it. I have already taken it before my hospital board and we have planned an open house on that date, both for the general public and for the university and high school girls interested in nursing. We are getting out a pamphlet showing many pictures of the hospital and different departments, and telling of our work and needs. We shall have our com-

ment exercises at the James Millikin University on the evening of that date," writes Miss R. Helen Cleland, superintendent, Decatur and Macon County Hospital, Decatur.

A timely suggestion is contained in a letter received from Prescott H. Vose, president of the Eastern Maine General Hospital, Bangor. "The observance of National Hospital Day," he writes, "is certain to focus in a very effective way the attention of the public on hospital accomplishments and needs.

"May I make a suggestion? Appeals for hospital support are always made from the humanitarian standpoint exclusively. There is another view that ought to appeal. The basis of the



DR. LEWIS A. SEXTON
Chairman, National Hospital Day Committee

strength and progress of any community is in the health of the people. Hospital work pays in dollars by returning to the ranks of the workers—the producers of wealth—thousands who, without the care and treatment received, would die or become permanent burdens to their friends or to the community."

These letters, taken at random from those that have poured into the office of the executive secretary of the National Hospital Day Committee from all parts of North America, indicated how the National Hospital Day idea has been received by all kinds and sizes of hospitals.

The executive secretary of the National Hospital Day Committee has supplied all hospitals that inquired with suggestions for programs and publicity, and will continue to do this as additional institutions are enrolled in the movement.

Governors Endorse Day

State Executives Offer Co-operation in Calling Attention of Public to Hospital Service

Governors of many states have become interested in National Hospital Day and the efforts of the hospitals of their commonwealths to attract public attention to the scope of hospital service. In many cases the governor announced his intention to issue a proclamation shortly in advance of the day, and in other instances even greater co-operation was offered.

General Oliver H. Shoup of Colorado, who is president of the Presbyterian Hospital of Colorado, of which Pliny O. Clark, a member of the National Hospital Day Committee, is superintendent, has evinced such interest in the movement that he has personally undertaken the selection of the state chairman for Colorado and promised active participation in other ways.

Governor Channing H. Cox of Massachusetts endorses National Hospital Day in the following letter:

"The observance of National Hospital Day—the observance that is to bring before the public the place which the hospital has in the life of every community—is well worthy of endorsement of every one interested in humanity and civic progress.

"It has a special significance at this time on account of the many disabled service men who are in various institutions throughout the country.

"The observance of National Hospital Day has my most hearty good endorsement and cordial good wishes for success."

Governor E. F. Morgan of West Virginia writes as follows:

"Let me add my endorsement to your proposed observance of National Hospital Day on May 12th, when, as you state, efforts will be made to acquaint the public with the true scope of hospital service. It is, indeed, a pleasure to commend such an undertaking.

"West Virginia has been very generous in the maintenance of her state hospitals and in the extension of aid to worth private institutions, and I trust the educational plan evolved by your committee will awaken and stimulate increased public interest in these institutions."

Governor Thomas E. Campbell of Arizona says:

"I am very glad, indeed, to endorse the movement for observance of National Hospital Day on May 12th. Any movement which has for its objects the arousing of public interest in the true scope of hospital service meets with my hearty approval.

"I will be pleased to receive further particulars from you as to the general plan for the observance of this day and to designate same by proclamation in due time as suggested by you."

Governor Charles R. Mabey of Utah tells of his interest in National Hospital Day as follows:

"I shall be pleased to make a public statement in the interest of National Hospital Day, May 12th.

"I have advised Dr. Root, your state representative, to that effect.

"Any further co-operation which may come within my province to render, I shall be pleased to contribute."

"I shall be glad to give publicity to the fact that May 12th is to be National Hospital Day," writes Governor Lynn J. Frazier of North Dakota. "I assure you I appreciate the good work the hospitals are doing and trust that this movement will be of great benefit."

Governor Edwin P. Morrow of Kentucky says:

"I have already issued a statement to interested parties in Louisville, approving a National Hospital Day."

Governor J. O. A. Preus of Minnesota writes:

"The matter of National Hospital Day was brought to my attention by Mr. Haugen of the St. Paul Hospital and I sent him a statement endorsing the movement."

This statement follows:

"May 12 is to be observed this year as National Hospital Day. The setting aside of one day in which to arouse public interest in hospital service is most commendable, and I trust that the day will be appropriately celebrated in Minnesota. It is proper and necessary that the public know more about what the modern hospital offers to the sick and suffering and what it is doing for humanity.

"Hospital service and nursing offer reasonably fair remuneration at the present time. In addition to that, it offers splendid training, and those who engage in this work have the added satisfaction of knowing that they are performing a most valuable service to humanity. If National Hospital Day will interest some of our young people in this work the day is not observed in vain."

Phipps Institute Asks Information

"Dr. Lewis A. Sexton of Hartford, Conn., has referred us to you for information concerning National Hospital Day," reads a letter to the executive secretary of the National Hospital Day Committee from Mrs. Milton C. Stein, director of publicity, Henry Phipps Institute, Philadelphia. "We are very much interested in the project and should be glad to get in touch with our local committee if one has been appointed."

Board and Staff Vote Participation

"Our Board of Trustees and Medical Staff are in favor of observing National Hospital Day," writes Miss Pearl Stout, superintendent, Faxton Hospital, Utica, N. Y. "We will extend an invitation to the public to make a general inspection of our institution."

"I Heartily Approve"

Surgeon General, U. S. P. H. S., Tells of Lack of Information Regarding Hospitals on Part of the Public

Mr. M. O. Foley, Executive Secretary,
National Hospital Day Committee,
537 South Dearborn Street,
Chicago, Ill.

Dear Mr. Foley:

I heartily approve your suggestion that May 12 be designated Annual National Hospital Day, on which special efforts shall be made to diffuse information concerning hospitals.

The public naturally lacks information on many points. For instance, although everyone who has tried to rent a house or who reads a daily paper knows that there is a marked shortage in buildings, few people realize that this shortage is particularly marked both in hospitals and in buildings that can be converted into hospitals. Most people, indeed, think that nearly any building can be made over into a hospital.

Such beliefs are due, of course, to lack of information in regard to the essential requirements of both the site and the construction of hospital building. The site, for instance, must have surroundings that are sanitary both in summer and in winter, an abundant supply of good water, a cheerful outlook, a satisfactory weather exposure, and must be quiet and yet not too far removed from noisy transportation and from markets. The buildings must have, besides the necessary wards, sleeping accommodations (either in themselves or close at hand) for a personnel more than half as great as the expected patients, and also bathing, cooking, and laundry facilities sufficient for a hotel, isolation wards, a laboratory or pharmacy, solidly built operating rooms and so on. And buildings are to be converted into hospitals must have rooms that can be altered to meet these needs at reasonable expense.

A National Hospital Day will justify itself if it does no more than to inform the public that barns cannot be converted into hospitals—and that at present even barns are by no means easy to come by.

(Signed) H. S. CUMMING,
Surgeon General.

Athol Hospital Joins Observance

"Our hospital is to observe National Hospital Day, May 12. Details later," writes Mrs. Sarah D. Kendall, superintendent, Athol, Mass., Memorial Hospital.

Detroit Osteopathic in Movement

"Detroit Osteopathic Hospital is going to observe National Hospital Day, May 12. We are so notifying our local papers."—Albert E. Buss, business manager.

Sectional Chairmen Work Vigorously

State and Provincial Directors of National Hospital Day Originate New Methods of Attracting Attention of Public

The plan of organization of the individual hospitals as determined by the National Hospital Day Committee included the appointment of a capable superintendent or a member of board or staff of a leading hospital in each state. Despite the fact that every state and province of the United States and Canada was to be represented by these state and provincial chairmen, and comparatively little time



DR. MALCOLM T. MACEachERN
Canadian Member, National Hospital Day Committee

left for the selection of these representatives, the work was practically completed in a few weeks. In the middle of April only a few chairmen had not been named and in most of these this delay was due to the desire of the National Committee to have the governor appoint the chairman or where illness or absence necessitated a reconsideration of the person to be appointed.

The organization of the national and state and provincial committees for National Day in mid-April was as follows, with every indication that the few vacancies would be filled without delay:

NATIONAL HOSPITAL DAY COMMITTEE

Lewis A. Sexton, M. D., chairman, Superintendent Hartford Hospital, Hartford, Conn.

Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago.

Pliny O. Clark, superintendent, Presbyterian Hospital of Colorado, Denver.

Malcolm T. MacEachern, M. D., C. M., general superintendent, Vancouver General Hospital, Vancouver, B. C.

Norman R. Martin, superintendent, Los Angeles County Hospital, Los Angeles, Calif.

C. W. Munger, M. D., superintendent, Columbia Hospital, Milwaukee, Wis.

George O'Hanlon, M. D., superintendent, Bellevue Hospital, New York, N. Y.

J. E. Sampson, M. D., Greater Community Hospital, Creston, Ia.

Mary C. Wheeler, R. N., superintendent Illinois Training School for Nurses, Chicago.

P. W. Behrens, superintendent, Toledo Hospital, Toledo, O.

STATE CHAIRMEN

Alabama, Mrs. B. E. Golightly, superintendent, Birmingham Infirmary, Birmingham.

Arkansas, Miss Lillie Kennedy, superintendent, Logan H. Roots, Memorial Hospital, Little Rock.

Connecticut, Dr. Harold W. Hersey, superintendent, New Haven Hospital, New Haven, Conn.

District of Columbia, B. B. Sandidge, superintendent, Central Dispensary and Emergency Hospital, Washington.

Delaware, Townsend W. Miller, Delaware Hospital, Wilmington.

Florida, Dr. J. H. Durkee, St. Luke's Hospital, Jacksonville.

Georgia, Steve R. Johnston, superintendent, Grady Hospital, Atlanta.

Illinois, Clarence H. Baum, superintendent, Lake View Hospital, Danville.

Indiana, Robert E. Neff, administrator, University of Indiana hospitals and dispensaries, Robert W. Long Hospital, Indianapolis.

Iowa, Dr. Lee Wallace Dean, dean, University of Iowa Medical School, Iowa City.

Kansas, Dr. J. T. Axtell, Axtell Hospital, Newton.

Kentucky, Miss Alice M. Gags, superintendent, Norton Memorial Infirmary, Louisville.

Louisiana, A. B. Tipping, superintendent, Touro Infirmary, New Orleans.

Maine, Dr. Charles D. Smith, superintendent, Maine General Hospital, Portland.

Michigan, Durand W. Springer, superintendent, University Homeopathic Hospital, Ann Arbor.

Minnesota, J. E. Haugen, manager, St. Paul Hospital, St. Paul.

Mississippi, Dr. S. H. Harston, Mattie Hersee Hospital, Meridian.

Missouri, Dr. Louis B. Burlingham, superintendent, Barnes Hospital, St. Louis.

Montana, Dr. Donald Campbell, president, Murray Hospital, Butte.

Nevada, Dr. Horace J. Brown, Goldfield Hospital, Goldfield.

New Hampshire, Dr. H. L. Smith, St. Joseph's Hospital, Nashua.

New Jersey, Dr. B. S. Pollak, superintendent Hudson County Tuberculosis Hospital, Secaucus.

North Carolina, Dr. John Q. Myers, Tranquil Park Sanatorium, Charlotte.

North Dakota, Rev. A. O. Fonkalsrud, superintendent, St. Luke's Hospital, Fargo.

Ohio, Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati.

Oklahoma, Dr. Fred S. Clinton, president, Oklahoma Hospital, Tulsa.

Oregon, Dr. Andrew C. Smith, St. Vincent's Hospital, Portland.

Pennsylvania, Daniel D. Test, Pennsylvania Hospital, Philadelphia.

South Dakota, Dr. C. E. McCaully, St. Luke's Hospital, Aberdeen.

Tennessee, Dr. W. L. Vickers, superintendent, City Hospital, Nashville.

Texas, Dr. H. L. Hilgartner, president of staff, Seton Infirmary, Austin.

Utah, Dr. E. F. Root, Holy Cross Hospital, Salt Lake City.

Vermont, Dr. T. S. Brown, Mary Fletcher Hospital, Burlington.

Virginia, Frederick B. Morlok, Memorial Hospital, Richmond.

Washington, J. W. Anderson, Jr., superintendent, St. Luke's Hospital, Spokane.

West Virginia, Dr. J. A. Guthrie, Guthrie Hospital, Huntington.

Wisconsin, Miss Amalia C. Olson, superintendent, Luther Hospital, Eau Claire.

Wyoming, Dr. Fred W. Phifer, Wheatland Hospital, Wheatland.

PROVINCIAL CHAIRMEN

Manitoba, Dr. George S. Stephens, superintendent, Winnipeg General Hospital, Winnipeg.

Ontario, C. J. Decker, superintendent, Toronto General Hospital, Toronto.

Quebec, Dr. A. K. Haywood, superintendent, Montreal General Hospital, Montreal.

Saskatchewan, Dr. M. M. Seymour, Commissioner of Public Health, Regina.

Although the state chairmen have been requested only to write to the governor, mayor and the local press, and to make use of hospital, medical, nursing or allied association bulletin service, etc., if available, many of the chairmen have refused to stop at this and have developed new methods and avenues of publicity and of arousing the interest of the hospitals in their states.

Dr. Phifer, Wyoming chairman, for instance, asked the National Hospital Day Committee for a list of all the hospitals in the state and 100 copies of the press matter with the intention of getting into

direct touch with every institution and publication in Wyoming.

Mr. Test, Pennsylvania chairman, obtained a supply of reproductions of President Harding's letter of endorsement, some statistics regarding the value of hospital buildings, amount of work done, etc., throughout the country and prepared some interesting educational and publicity material.

Mr. Neff, Indiana chairman, wrote: "I have in mind getting into touch with the governor of Indiana, mayor of Indianapolis, all of the local hospitals, local chamber of commerce, various clubs of the city, both men and women, the state nurses' organization, the state medical society and our local medical society." Later Mr. Neff organized the Indiana State Committee for National Hospital Day, with representatives of leading hospitals in all parts of the state. This is a suggestion that can be followed with profit by other state chairmen as it means that whenever an appointment to the committee is made there will be further publicity in the various papers concerning National Hospital Day. Such a committee may be of any size desirable, although it is advisable to have on it representatives of a hospital in each of the larger cities and some representation for various sections. Where such committees are appointed, the names of the committeemen should be sent to the executive secretary of the National Hospital Day Committee for purposes of record.

Another activity of Mr. Neff was the preparation and distribution or publicity through 116 papers in Indiana having a circulation of 800,000.

Dr. Dean, Iowa chairman, utilized the University of Iowa for publicity service to spread news and information of National Hospital Day through the state, as well as making use of other means.

Dr. Myers, North Carolina chairman, mentioned National Hospital Day in North Carolina Hospital Association bulletins and on the program for the convention which is to be held at Pinehurst, April 26.

Dr. Axtell, Kansas chairman, is another who has notified all the hospitals of his state and who has communicated with the nurses' association.

Mrs. Golightly, Alabama chairman, writes that she planned to get into touch with clubs and other organizations in addition to following suggestions from the National Committee.

Miss Gags, Kentucky chairman, has arranged to have the graduation exercises of Norton Memorial Infirmary, Louisville, held on National Hospital Day and has written to each of the Louisville hospitals to enlist their co-operation.

Mr. Decker, Ontario chairman, wired his hearty approval of the National Hospital Day idea in accepting the appointment. Dr. Stephens, Manitoba chairman, added that all the hospitals of his province had been circularized, while Dr. Haywood, Quebec chairman, also expressed his pleasure at the

inception of the movement. Dr. MacEachern, Canadian representative on the National Committee, suggested the names of the provincial chairmen and now is considering representatives for the other parts of the Dominion.

Members of the National Committee have evinced just as much interest. Dr. Sexton, national chairman, writes that "I have called a meeting of the Connecticut Hospital Association for April 20 at New Haven, and we hope to have the state pretty thoroughly worked up before that time."

"I think New England will support the movement solidly. Every one seems enthusiastic," he adds. Dr. Sexton incidentally selected a very efficient director for Connecticut in the person of Dr. Harold W. Hersey, superintendent of New Haven Hospital.

Dr. Sampson is another most active member of the national committee. He has been boosting National Hospital Day on various trips and in addition to assisting Dr. Dean, Iowa chairman, has communicated with hospitals in other parts of the country to stimulate further interest. He also has interested a newspaper feature service, serving a large number of papers, in the movement, and has called the attention of the leaders of the American Medical Association to National Hospital Day.

Dr. MacEachern, representative of Canadian hospitals on the national committee, has had charge of the selection of the provincial chairmen, a work that is practically completed, and although his duties as general superintendent of Vancouver General Hospital are arduous, he has spent a great deal of time developing the movement in the Dominion.

Other members of the national committee have shown equal interest and the rapid development of the organization for the first observance of the day reflects much credit on all concerned.

Hospital Bureau Has Committee

Miss Donelda R. Hamlin, director of the Hospital Library and Service Bureau, writes Hospital Management that the bureau has no trustees, but that it is under the direction of the American Conference on Hospital Service which has a board of trustees. Dr. Colwell was named a member of the favor of observing National Hospital Day," writes ported in last month's issue.

Divide Spokane Community Chest Fund

Sacred Heart Hospital, \$141,000, St. Luke's, \$35,000, and Deaconess Hospital \$35,000, were the amounts received by Spokane, Wash., institutions as their share of the community chest fund.

Hospital Fire Brings \$300,000 Loss

Hospital buildings at Mitchel Field, Mineola, L. I., recently were destroyed by fire with a loss of about \$300,000, including much valuable equipment.

Hospital Day in Toledo

Plans Under Way for Hospital Publicity in Every Paper for Week in Advance of May 12

By C. A. Collin, President, Flower Hospital, and Treasurer, Toledo, O., Hospital Council.

The Hospital Council of Toledo has decided to observe National Hospital Day, May 12. A meeting recently was held by a committee representing the daily newspapers of the city of Toledo and the council to arrange for a spread of publicity, covering at least a week, in advance of May 12, with one or two pages each day of advertising and publicity.

We are going to try to lay out the biggest hospital spread that has ever been attempted in Toledo.

"Let George Do It"

"In my work as manager of St. Paul Hospital," writes J. E. Haugen, St. Paul Hospital, "I have more than once been confronted by the attitude on the part of the public, 'Let George do it,' and it is therefore needless for me to add that I am heartily in sympathy with any movement which has as its object the commendable one of arousing a more general interest in the care and treatment of the sick and the upbuilding of the hospital as an institution among us."

"We Heartily Co-operate"

"We heartily co-operate with the National Hospital Day movement," writes Miss Ida Nudell, R. N., superintendent, Good Samaritan Hospital, Lebanon, Pa. "Our object and aim will be to have the people of our city and community that the hospital services become better acquainted with the first and most important charity work in the community; second to educate and inform the people what it costs to run and maintain the hospital, and to recruit applicants for a training school which the hospital is greatly in need of."

Prof. Graves Named Chairman

Prof. Lulu Graves, honorary president of the American Dietetic Association, has been named chairman of the newly formed section on dietetics of the American Hospital Association, according to an announcement by Dr. A. R. Warner, executive secretary. The trustees of the A. H. A. at their January meeting authorized the formation of such a section, as well as a section on psychopathic hospitals, the chairman for which will be selected later.

Will Hold Open House

"Since ours is a small hospital," writes Miss Mabel O. Woods, R. N., superintendent, Dakota Deaconess Hospital, Brookings, S. D., "I believe the open house plan to the public will be the best program for us to carry out. I shall have literature printed to hand to visitors which will interest them in the hospital. I think it's a fine idea."

Anxious to Co-operate

"We are anxious to co-operate and make the day a recognized success," writes the sister superior, St. Rita's Hospital, Lima, O.

Suggestions for Program for May 12th

National Hospital Day Committee Offers Institutions Pointers for Arousing Interest and Obtaining Publicity

INSPECTION OF INSTITUTION DURING VISITING HOURS, AFTERNOON AND EVENING.

INSPECTION OF NURSES' HOME.

GRADUATION EXERCISES FOR NURSES' TRAINING SCHOOL.

PAMPHLETS describing the various services rendered by the hospital, some facts concerning its work during the past year, details of the number of loaves of bread, pounds of meat, etc., required, should be distributed to all who come. Hospitals with nurses' schools should devote considerable part of this pamphlet to the ideals of nursing, requirements, etc., for admission and the expansion of nursing service along public health, industrial, tuberculosis and other lines, as well as to the opportunities open to graduate nurses.

Tactful guides should be provided to take visitors through the buildings. Emphasis could be put on some department that is unusually well equipped or that is doing splendid work, and attention also could be directed to a department badly crowded or in need of apparatus. During the inspection of the hospital attention could be called to the work done by each department inspected and visitors at the nurses' home could be impressed with the comfortable quarters, good food, etc., with particular stress laid on the fact that nurses are being educated and not exploited.

At the graduation exercises a leading clergyman should be asked to say the prayer, the president of the hospital could be chairman and the mayor or some other prominent citizen be asked to talk. His subject might be "How Hospital Service is Expanding" and he could be given information concerning the development of pre-natal, out-patient, social service, and other preventive work of the hospital.

The superintendent could talk on "Our Hospital" and recite some facts concerning the origin and expansion of the institution, with data of an early period compared with the service rendered during the past year. The needs of the community and the necessary expansion of the present facilities could be dwelt on and then some figures given relative to the cost of caring for the average patient and the amount of free work done. An outline of the various departments, such as dietary, laundry, business administration, and others of which the general public knows nothing, would enlighten the audience.

If the superintendent also is superintendent of the training school she could condense her remarks on some of the topics outlined above and elaborate on the nursing profession, of the rapid development of this profession under the stimulus of Florence Nightingale and of the gradual elevation of training school standards. The growing demand for nurses in communities, industrial plants and for special hospitals could be explained and then the educational equipment of the school could be described in detail. Where there is a superintendent of nurses, the hospital superintendent could omit all reference to nursing and let the superintendent of the training school discuss this subject at length.

GENERAL MEETING. Through the hospital trustees,

women's auxiliary, etc., a public meeting might be arranged for the evening of May 12, if graduation exercises are not to be held. This meeting could be along the lines of the program suggested for the graduation exercises and could be made more attractive if some of the nurses would sing or render musical selections. Hospitals that have nurses' choruses or glee clubs could capitalize them at such gatherings.

HOSPITAL BALL. Socially prominent trustees or members of women's auxiliaries might arrange a ball, the proceeds of which could be devoted to some special work of the hospital.

FRATERNAL AND RELIGIOUS ORGANIZATIONS, in some instances, can arrange entertainments, dances, etc., at which a prominent lay speaker, who could be supplied with the necessary facts, would talk about the hospital service of the community, the special needs of the institutions, and the nursing profession. Such a talk could be an abbreviation of the talks suggested in the foregoing for the graduation exercises.

PUBLICITY

Publicity is the vital factor in a successful hospital day. Hospitals should use every means to bring National Hospital Day to the attention of their communities and to stimulate other hospitals to participate. A general meeting such as outlined above, held in the interest of all the hospitals of the community, in addition to the individual hospital's program of inspection, would be of untold benefit.

GOVERNOR. Write to your governor and ask his endorsement or official comment on National Hospital Day. His remarks will be carried through the press and reach the entire state as well as your own people.

MAYOR. Write to the mayor for endorsement and official comment on National Hospital Day and your local papers will gladly print his remarks.

AMERICAN LEGION. Hospitals that are caring for ex-service men can obtain the endorsement of the local posts of the American Legion and through them that of the state organization. Such an endorsement of National Hospital Day will mean widespread publicity.

CHURCHES. Have the churches tell about National Hospital Day on the Sunday before May 12 and invite the public to go to the hospital and see for itself how the sick are cared for.

THEATERS. Moving picture houses will readily aid in the National Hospital Day movement by showing slides calling attention to the day.

SCHOOLS. Through the schools, particularly the high schools, an invitation should be extended to all girls interested in nursing and to their parents to come to the nurses' school and see for themselves the actual living conditions, educational and recreational facilities of pupil nurses. This announcement should be made the Friday before National Hospital Day and again on May 11.

MERCHANTS. Department stores might be prevailed upon to have a National Hospital Day window, showing gifts acceptable to patients or supplies in use at the hospital. Florists, confectioners, druggists, etc., also could be interested in National Hospital Day

since flowers, stationery, etc., will be bought by friends of the patients or sent on May 12.

TRUSTEES. Have each one of your trustees and members of staffs, auxiliary boards, etc., interest themselves in National Hospital Day. Their prominence insures attention to anything they say and thus they can be made an important factor in the newspaper publicity.

PRESS. First, have the president of the board or some other officer tell the owner of the local papers that on National Hospital Day gifts of various kinds will be brought to the hospital and that the paper could have a National Hospital Day page or column of small ads from florists, department stores, etc. This would mean additional revenue to the papers and they would be interested in telling the people about National Hospital Day so as to convince the merchants of the advisability of running cards on the page. This page of ads could be run the Sunday before May 12 and maybe daily from then until National Hospital Day.

Second. Have you used the article for the press in March HOSPITAL MANAGEMENT? This is an admirable introductory notice to your local papers. Follow this up as you decide on each detail of the program. For instance, when you decide on the hours for visitors to the hospital on National Hospital Day, send a note to that effect to the papers, along with something about the organized effort to the 8,000 hospitals of North America to tell the public about their work. When you obtain the consent of the clergyman, the president of the board, the mayor and others to serve at your graduation exercises or meeting, send a note in separately and thus have that many additional notices in the press.

Have you sent in the name of your hospital to the National Hospital Day Committee?

The National Hospital Day Committee wants to list all institutions that participated in any way in the first "day."

Plans Membership Drive

Dr. M. L. Harris, president, and Dr. E. T. Olsen, superintendent, Englewood Hospital, secretary-treasurer, both of Chicago, headed the slate of officers of the Illinois Hospital Association that was unanimously re-elected at the annual meeting on March 18. Dr. Olsen's report of the progress of the various activities fostered by the association during the past year was very gratifying, and it was announced that during the coming year a membership campaign will be pushed. Heretofore, because of the importance of other work, no special effort was made to recruit members.

B. C. Convention July 6-8

The next annual convention of the British Columbia Hospital Association is to be held at Kamloops on July 6, 7 and 8, according to Dr. H. C. Wrinch, superintendent, Hazelton, B. C., Hospital, and president of the Association. The program is in the hands of a progressive committee that promises an interesting and profitable series of aspects of hospital work, medical, nursing, and business. The subjects taken up in the evening meetings will be of interest to the public and open to all.

P. H. A. Told of the "Day"

Dr. English Sends Notices to All Protestant Institutions Relative to Observance of May 12

Dr. Frank C. English, executive secretary and treasurer of the Protestant Hospital Association, has notified the National Hospital Day Committee that he has sent out a general letter to all Protestant hospitals calling upon them to observe National Hospital Day. The National Hospital Day Committee expresses the hope that similar action will be taken by other special hospital associations.

To Conduct Round Table

At the annual convention of the Ohio Hospital Association in Cleveland next month a feature will be a round table on May 17 from 9-11 A. M., conducted by the following:

9:00-9:30—PURCHASING—Conducted by Guy J. Clark, Cleveland.

9:30-10:00—HOUSEKEEPING—Conducted by Miss Elsie Druggan, Mansfield.

10:00-10:30—ACCOUNTING & RECORDS—Conducted by C. B. Hildreth, Cleveland.

10:30-11:00—MECHANICAL & LAUNDRY—Conducted by Sister St. Simon, Toledo.

11:00-11:30—DIETARY—Conducted by Miss Mary A. Jamieson, Columbus.

Now the Westerlin Hospital

"The Westerlin Hospital" is the new name of the Scandinavian Hospital of Iron Mountain, Mich., of which Dr. William J. Anderson is chief executive. Dr. Anderson has under consideration plans for expanding the facilities of the institution.

Award Contract for Hospital Building

Contracts for the erection of the new building for Marshall Browning Memorial Hospital, Duquoin, Ill., recently were awarded. The cost will be \$132,000.

Little Rock Hospital Plans Building

St. Vincent's Infirmary, Little Rock, soon is to have a new building. Pending this, the present structure has been remodeled.

Patients Carried Through Storm

Twenty patients were carried through a snow storm to the railroad station at Martins, Ky., recently when hospital building operated by Dr. Edward W. Stumbo was burned.

Hospital Opens at Rushville

The Culbertson Hospital at Rushville, Ill., recently was opened.

To Erect Tuberculosis Sanatorium Building

A tuberculosis sanatorium building is to be erected by the city of Grand Rapids in the near future.

To Establish a Hospital

Dr. D. L. Elder and Dr. J. F. Elder of Hopewell, Va., are planning the establishment of a new hospital.

Public Health Service to Utilize "Day"

Commanding Officers of Government Hospitals Instructed to Make Fullest Use of National Hospital Day

The National Hospital Day Committee has received the following communications from Dr. Charles Bolduan, chief, section of public health education, United States Public Health Service, relative to the observance of National Hospital Day by the 60-odd government hospitals:

"I enclose herewith copies of matter that we are sending to our 60-odd hospitals. You will find it self-explanatory.

"I hope that National Hospital Day will be a great success."

The communications attached to this letter included the following, which, while written with particular reference to government hospitals, and containing many of the suggestions prepared by the National Hospital Day Committee, yet offers other ideas that may be taken up by general hospitals:

To the Officer in Charge:

Sir,

An organized effort is being made to bring about the adoption of May 12 as an annual National Hospital Day, the date chosen being the anniversary of the birth of Florence Nightingale, pioneer in modern hospital and nursing work. The Bureau believes that this effort offers an excellent chance to better inform the public as to what its hospitals are doing for sick and disabled soldiers; and you are therefore directed to utilize the suggestions made in the accompanying papers in the hospital in your charge.

It is particularly desirable to obtain publication in your local papers of pictures of the hospital, which should be at its best at that season of the year. To this end it would be advisable for you to visit the editors as soon as possible after receiving this letter, to explain to them what is contemplated, and to offer to provide special facilities for taking pictures of interesting phases of the hospital work if they should care to send around their photographer.

You should leave with them (or for them) copies of Letters A and B (appended), with the suggestion that they might like to use some of the data immediately. All the editors should be visited (or letters left for them) on the same day. Do not play favorites.

Letter A is the Surgeon General's indorsement of the "Day." Letter B is an attempt to set forth the sort of data that the editors would welcome; copies should be typewritten in your office, one (an original, not a carbon) for each editor, and should be signed by you. Of course only such details as apply to your particular hospital should be used.

At least twice more before May 12 other letters should be sent to the papers, preferably to the city editors. One letter might mention some of the monthly expenditures of the hospital—so many loaves of bread, cans of milk, pounds of butter and meat, yards of clothes line (to dry laundry) etc. In the same letter information might be given about diversions and occupations offered to the ex-soldiers—reading, plays, "parties," Red Cross activities, occupational therapy, games, etc. Another letter in regard to the work of the Public Health Service as a whole (mimeographed copies inclosed) should be widely disseminated, first by sending type-written copies to the local papers and later by distribution of the mimeograph sheets to visitors on May 12. It is advisable to keep copies of all the matter you send out and to combine it in a general story which you might have printed for distribution.

Additional publicity might be obtained by getting local merchants to dress their windows with a hospital background. Ambulant soldiers might canvas for this. Also through the movies, which will probably be willing to exhibit "slides," showing soldiers, etc. at the hospital. Some photographer will probably supply the slides in return for permission to sell the pictures and to get his name on the screen.

The program for May 12 must of course be varied to suit conditions. However, some suggestions may be helpful:

Soldier patients should be stressed and every attempt made to show what is being done for them (food, comfort, service, amusement, etc.) and how well most of them are satisfied with it. People who see and talk with men, nine-tenths of whom are pleased with their treatment, are not going to put too much credence in the complaints of a few chronic grumblers. Briefly, the public is entitled to the facts. It is being supplied with misinformation from other sources.

The soldiers should hold open house for their friends between specified hours. They might send out special invitations.

The hospital should second this by announcing through the papers that it would be open to the public between the hours specified. The kitchen, laundry, dining room, occupational therapy room, and where possible, the operating room, wards, laboratory, etc., should be shown and explained by guides, who could casually mention any needs of the hospital—reading matter, for instance.

The Red Cross unit, if you have one, will prob-

ably want to do something. Its co-operation should be heartily welcomed.

The nurses might hold a special reception to the girls and young women of the community (or to the junior and senior classes of the high schools), show the actual conditions under which they live, and point out the desirability of nursing as a profession. (Remember that there is a serious shortage of nurses throughout the country.)

Please send to this office clippings from your local papers in regard to the observance of the day, anticipatory or actual, in your hospital.

It is realized that such work is additional to your many duties and responsibilities but if you can find time to do this or have it done it is believed to be well worthy of the effort.

By direction of the Surgeon General.

LETTER B

Editor. Dear Sir:

Thursday, May 12, will be generally observed throughout the United States by 8,000 hospitals as a "National Hospital Day," on which special efforts will be made to inform the public as to the services that the hospitals render and as to their relation to the community. May 12 has been selected as the most fitting date, because on that day was born Florence Nightingale, pioneer in modern hospital and nursing methods. I inclose a letter from the Surgeon General commending the establishment of the day.

This hospital (No.— of the U. S. Public Health Service) was (one of the Marine Hospitals established to care for merchant seamen, etc. and was in service long before the war) or (was one of the first hospitals established by the Public Health Service when Congress on March 3, 1919, directed it to care for the wounded and disabled soldiers) or (was an Army hospital during the war and was taken over, etc.) or (was originally a private hospital) or (a hotel or something) that was released by the Service on 19.....; etc.

It was first used as a general (or T. B. or N. P. hospital) but was later..... It was partly destroyed by fire on..... (add any other incidents). Its present capacity ispatients, who are cared for by..... medical officers,nurses, andother employes. Improvements now in progress (contemplation?) will increase its capacity to Like most hospitals its actual patient population fluctuates widely from day to day. At present it numbers..... The daily turnover is aboutdischarges andadmittances.

I should be glad to have you announce the adoption of May 12 and to use any of the foregoing data in that connection. Any further information that you may desire I shall be glad to supply so far as it is available; and I shall be very glad to see one of your representatives and assist him in any way to secure a good story for Hospital Day. Special facilities will be provided for any photographer whom you may care to send to the hospital.

The program for May 12 will include sundry receptions and exhibits, the details of which have not been decided, but will be sent you later.

Yours very truly,

.....
In charge of Hospital.

Hospital Calendar

National League of Nursing Education, Kansas City, April 11-15, 1921.

Indiana Hospital Association, Lafayette, April 27-28, 1921.

Georgia Hospital Association, Macon, May 5, 1921.

North Carolina Hospital Association, Pinehurst, April 26, 1921.

NATIONAL HOSPITAL DAY, MAY 12

Ohio Hospital Association, Cleveland, May 16-20, 1921.

Oklahoma State Hospital Association, McAlester, May 18, 1921.

Wisconsin Hospital Association, Milwaukee, May 25-26, 1921.

American Medico-Psychological Association, Boston, May 31-June 3, 1921.

Michigan Hospital Association, Ann Arbor, June 7-8, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Association of Hospital Social Workers, Milwaukee, June, 1921.

American Medical Association, Boston, June, 1921.

National Tuberculosis Association, New York, June, 1921.

Catholic Hospital Association, St. Paul, June 21-24, 1921.

British Columbia Hospital Association, Kamloops, July 6-8, 1921.

American Hospital Association, West Baden, Ind., September 12-16, 1921.

American Conference on Hospital Service, West Baden, September, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.

Protestant Hospital Association, West Baden, Ind., September 12-16, 1921.

Mississippi Valley Conference on Tuberculosis, Columbus, O., September 12, 13, 14, 1921.

Kansas Hospital Association, Newton, October 20, 1921.

American College of Surgeons, Philadelphia, October 24-29, 1921.

American Dietetic Association, Chicago, October 24-26, 1921.

National Society for the Promotion of Occupational Therapy, Baltimore, Md., October 20-22, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

American Nurses' Association, Seattle, 1922.

National Organization for Public Health Nursing, Seattle, 1922.

Methodist Hospitals to Participate

All Institutions in Church Are Notified to Prepare Publicity and Program for General Observance of May 12

The following letter from the office of the board of hospitals and homes of the Methodist Episcopal Church, Chicago, indicates how the Methodist hospitals are going to participate in National Hospital Day May 12:

"Following the advice of Dr. Ralph Welles Keeler, the director of publicity of the board of hospitals and homes of the Methodist Episcopal Church, I am enclosing a copy of a letter which has been sent to each one of our hospitals, urging them to observe National Hospital Day, Thursday, May 12, together with a copy of an announcement to be used in the daily papers."

The notice to the hospitals is as follows:

As you already know, Thursday 12, is National Hospital Day.

We are urging all of our hospitals to co-operate in making this day one which will register in the public mind the value of what hospitals are doing.

Doubtless you have already noticed some of the suggestions offered by "HOSPITAL MANAGEMENT," namely, (1) Invitation to public to inspect institution, (2) Distribution of literature telling of work and needs of hospitals, (3) Graduation exercises of Schools for Nursing, (4) "Open House" for High School girls and others interested in nursing, (5) Inspection of Nurses' Homes. If you are receiving "HOSPITAL MANAGEMENT" don't fail to look on pages 30 and 31 of the March issue for these suggestions. If you are not a subscriber these pages are being sent to you.

The general observance of this day throughout the country gives us an opportunity to call attention to what the Methodist Episcopal Church is doing in this most important ministry.

On separate sheet you will find a suggested item for use in your local newspaper. In the Christian Advocates for the first week in May we are printing two pages of material on Hospital Day and would suggest that you would send in brief items of interest concerning your hospital to the Editor of your local Advocate for use at that time.

It might be well worth while to have different hours of the day when Epworth Leaguers, Sunday School members, Men's and Women's Clubs, Mother's Clubs and similar organizations could be shown through the institution. An evening platform meeting would be very effective.

The following suggestion has been made by Mr. C. A. Collin, namely, that you appeal to your local newspaper and suggest to it soliciting advertising for Hospital Day from local florists and confection-

ers, getting an entire page and in the middle of the "page lay out" the attention of the public could be called to the observance of Hospital Day.

Cordially yours,

Corresponding Secretary.

N. E. Davis.

The press notice:

With the observance throughout the entire country of a day set apart to emphasize the ministry which hospitals render to the community, the nation is brought face to face with an element of its life which too often receives inadequate consideration. Only those who are sick think of a doctor, the well go merrily on their way unmindful that the doctor ministers in his office, at the bedside of the sick, or in the operating room of the hospital to restore health, prolong life, and give added joy to existence. What better time than Thursday, May Twelfth, National Hospital Day, for people of this community to acquaint themselves with the character and magnitude of the work done by our hospitals. For all over the country this "getting acquainted" will be going on.

In order that first hand knowledge may be had of what..... is doing, it has been decided to open the hospital on that day for general inspection, and an invitation is hereby extended to members of this community to visit the hospital some time during the day and see for themselves how an institution of this kind is run. Nearly everyone is familiar with the sight of the ambulance clanging its way to the hospital, but few know how well the hospital cares for their relatives and fellow citizens who may be sick or injured. The Nurses' Training School also extends an invitation to girls and those who may be interested to inspect the Home for Nurses and learn some interesting facts about this splendid profession.

.....Hospital is but one of sixty-seven hospitals maintained for public service by the Methodist Episcopal Church, the first of this great chain of humane institutions being established in Brooklyn, New York, in 1881 when it was opened "to Jew and Gentile, Protestant and Catholic, heathen and infidel, on the same terms." The Methodist Episcopal Church now maintains a Board of Hospitals and Homes with Headquarters at Chicago, which helps in the co-ordination and standardization of these great benevolent enterprises.

Hospital Construction Is Resumed

The work on St. John's Hospital building, Tulsa, Okla., is to be resumed shortly, according to E. A. Braniff, temporary chairman of the campaign committee which raised \$100,000 in 10 days.

Hospital Bequeathed \$20,000

Presbyterian Hospital, Philadelphia, recently was bequeathed \$20,000.

Palace Home of Prophylactic Colony.

**Model Anti-Tuberculosis Institution Established at
Turin, Italy, in Palatial Mansion Constructed in 1700**

By Walter Morritt, Ph. D., Turin, Italy.

A visit to this model colony of vivacious little tots was a real joy to the spirit. To be for several hours in the midst of that childish exuberance of spirit was to renew one's youth and to look with hope toward the future.

This little group of Italian "colonists" was started eight years ago by the vigorous initiative and tenacious persistency of Prof. Francis Abbe, head of the Provincial Health Department, and by him brought to such a state of perfection as to be called a "model" among the many similar institutions which have sprung up in recent years.

The Piedmont Hygienic Society in May, 1913, decided to renew and intensify the fight against tuberculosis already begun in 1889, in Turin.

The plan was, in addition to the other work of propaganda, etc., to provide an institution of prevention—new in Turin—whose task can be expressed in two sentences: "Separate children from tubercular parents before they become victims of the disease." Nothing would be gained, by the recovery of the parent, if in the meantime the chil-

same time grow up in an atmosphere entirely different from their accustomed one—cleaner—more airy and more wholesome.

The idea of this "Colonia Profilattica" is not new here in Europe for the plan of taking children from tubercular parents and placing them in the country with peasant families has been practiced for some years.

The Prophylactic Colony of Turin, Italy, was made possible by the munificent grant by the city of a fine old mansion several miles outside the city proper. It is a palatial building, constructed at the beginning of 1700 and formerly the summer residence of the Nigra family which numbers among its members the noted ambassador Constantine Nigra, a born diplomat whom Eugenia De Montiji, the beautiful Spaniard, exalted to the highest office in the imperial realm in grateful recognition for having saved her life during the turbulent days of the Commune.

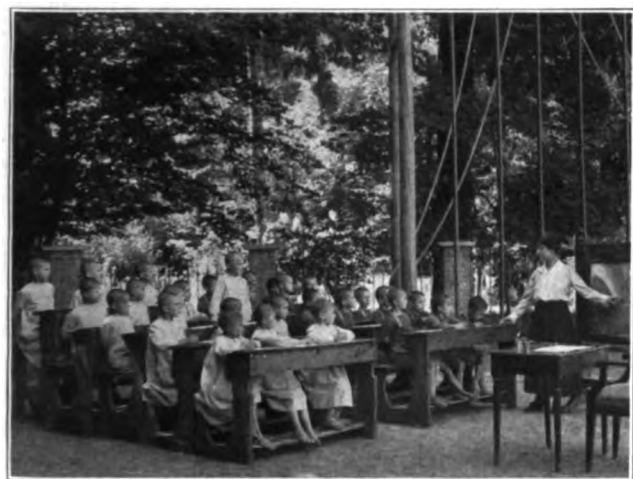
In this palace were entertained as welcome guests King Victor Emanuel II, Count Cavour, of whom Nigra was the beloved secretary, and other conspicuous personages in those turbulent days when Turin was the capital of the new kingdom of Italy.

This historic palace is admirably adapted to its present work, with its long porches, its ample salons and halls, and surrounded as it is, by a fine old park and garden, far from unwholesome city slums or the noise of factories, but located in the midst of a vast expanse of field and meadow.

Of the ancient regal dwelling there is scarcely a trace left, for many alterations and changes were necessary to make it an appropriate habitation for the little colony, which, few in origin (about forty) form now a lively family of over one hundred and sixty members; both boys and girls.

I said that the prime purpose of the Colony was to build up, by means of wholesome and abundant food and plenty of exercise in the open air—the children of tubercular parents. I must add also, that under the guide of competent and self-sacrificing teachers, the education of the little ones is continued, which was begun in the public schools or the kindergarten.

Of course, it is well understood that for these children, delicate, and often anaemic, with that anaemia which is the forerunner of tuberculosis, while not really ill—and much less contagious, it would not be wise to shut them up at sedentary



SCHOOL IN THE PARK

dren in the home are left exposed to the disease. Admitted and accepted that the disease is not hereditary, but that the children of the tubercular parents have a predisposition for the disease, and that such children removed from danger of contagion become strong as other children—then it becomes clear as the sun at midday: "Save the little ones."

This is the purpose which led to the founding of the Prophylactic Colony where the children of tubercular parents may have every care and at the

Handling 173 "Emergencies" in Hour

How Broad Street Hospital Handled Victims of Wall Street Explosion; Lesson in Preparedness for Superintendents

By A. J. Barker Savage, Secretary and Director, Broad Street Hospital, New York City; Consulting Superintendent, Harbor Hospital, Brooklyn, N. Y.; Women's Medical College and Hospital, New York; and the Memorial Hospital, Staten Island, N. Y.

Preparedness is the foundation of a hospital's efficiency.

This sounds like a truism. Really, it is a warning that must be kept in mind always by those who are responsible for the conduct of a hospital.

If they forget it, it is as certain as anything can be that they will be confronted with an emergency they cannot meet. There will be two consequences, one pitiful, one disgraceful. There will be much human suffering that could have been alleviated quickly, and the hospital's reputation for efficiency will receive a blow from which it may never recover.

The Broad Street Hospital stands on the extreme southern edge of Manhattan where the North and East Rivers join to flow into New York bay. Within a stone's throw of it are cloud-piercing office buildings, in each of which the working population equals that of a thriving town, are the terminals of elevated and surface roads, of subways and ferries which carry hundreds of thousands of persons daily; are great piers—and always great ships—on all of which tens of thousands labor. All of these sources contribute emergency patients to this hospital.

In establishing this Hospital, it was understood that it was to be merely an emergency hospital, and therefore only 35 beds were provided. It was soon apparent after opening the hospital that a greater bed capacity was necessary, and adjoining property on both sides of the hospital was acquired for the purpose of increasing the bed capacity.

The tremendous cost of building materials during the latter part of the World War and immediately thereafter, made it impossible to build at that time, but it was deemed advisable in the emergency to make certain alterations to the eight-story building at No. 17, South Street, which increased the bed capacity from 35 to 85, providing also suitable quarters for members of the house staff, who occupied quarters previously in the old building. This building also provides for X-ray laboratories, pathological laboratories, etc., quarters for the help, and the necessary dining rooms.

Fortunately, these alterations were just completed at the time of the Wall Street explosion, which made it possible for us to render such splendid services in that awful catastrophe. It would take too much

space here to tell how the alterations were made; but it is enough to say that foresight and economy are as necessary to an efficient hospital as preparedness.

To attain and maintain preparedness, the ordinary daily routine of a hospital must be carried out willingly but vigorously. The administration of this hospital is as follows:

1. Watchful work never ceases, but the real day's work begins at 7:00 a.m. when the day nurses succeed the night nurses on duty. Then breakfast is provided the patients and every ward and room is thoroughly cleansed before the rounds are made by the assistant medical superintendent, the superintendent of nurses, the assistant superintendent of the hospital, and the chief of the social service department. These rounds are very thorough; the patients are questioned as to whether or not they have any complaints to make, and whatever reasonable desire each expresses is met.

Surgical dressings and medical examinations are then made, and this is followed by the visiting physicians and surgeons making their rounds accompanied by the house staff. After this luncheon is served to the patients by the bedside method. This hospital employs the German hospital heating food conveyors, for whatever better methods are suggested to us, we adopt.

The afternoon is set aside usually for special consultations, examinations, etc. Visitors are admitted to the patients during specified hours on certain days.

2. Emergency cases are treated at any moment of the day and night. The large dispensary serves the public in the following clinics: surgical, medical, gynecology, obstetric, nervous diseases, eye, ear, nose and throat, genito-urinary, dermatology, pediatrics, cardiac, electro-therapeutic and X-ray. Each of these departments is controlled by a chief who has charge of that particular service; all are under the supervision of the assistant medical superintendent, Dr. Charles M. Levin.

On an average 150 patients are treated at the surgical clinic each day. The other clinics, although not so large, have shown a rapid growth during the past six months.

For acute emergency service, and to bring in those injured on the streets, ferries, railroads, piers

[illegible]

THE ORGANIZATION THAT SUCCESSFULLY MET THE BIG EMERGENCY

On September 16, 1920, three years almost to the minute after this hospital was opened, occurred "the Wall Street explosion," as it has come to be known. On that day 173 patients suffering from all degrees of wounds and injuries were treated, by the most scientific methods, in this hospital in one hour. It was the most alarming occurrence in a generation in New York City. A large quantity of some high explosive detonated at Broad and Wall Streets, the

Luckily for us, in our desire to be useful and to alleviate human suffering, luckily for many of those who suffered, the scene of the explosion was scarcely a third of a mile from this hospital. At the instant it occurred, one minute after noon—the sub-treasury clock stopped and marked the time—the accustomed crowds on the neighboring thoroughfare were augmented with people who were going to luncheon. The blast strewed the streets with the dead, the dying and those in profound shock. A gripping, angry wind, driven by the explosion through the canyon formed by the tall buildings, stripped men and women of their clothing. One woman, nude and hysterical, stood shrieking and beating her bleeding fists against a wall. A bombardment of slugs, hurled by the explosive, filled the air. A hail of splintered glass descended as the windows of the rocking structures splintered.

In the panic the wildest rumors spread; United

States regular troops were hurried to guard the sub-treasury. Thirty-nine persons met instant or a more lingering death. Hundreds—no one will ever know how many—were injured more or less seriously. The Red Cross has computed that 166 families were bereaved or suffered the loss of their bread winners' services.

Certainly it was a moment for helpful men, particularly for physicians, to maintain composure. The eight wires coming to this hospital dropped almost simultaneously with urgent calls for ambulances to Wall and Broad Streets. It so happened, fortunately, that one of our ambulances, returning from a call in Nassau Street, arrived on the scene so soon after the explosion that the hood of the vehicle was damaged by the shower of glass, stone and iron.

Immediately we hurried out our two other ambulances, my own motor car and the cars belonging to other visiting physicians and surgeons who were, as usual, at the hospital. To this was added taxicabs and other conveyances that were placed at our disposal.

We take great pride in the fact that our three ambulances brought in the first victims within two minutes after they had been felled. Not only did the nine members of the house staff, the medical superintendent and assistant superintendent go out on these ambulances and other conveyances, but members of the visiting staff and nursing staff formed emergency units and did heroic work at the scene, while another large emergency unit worked on the victims that were brought to the hospital.

The method of surgical procedure that I placed in operation for the proper care of this tremendous emergency is as follows:

Six operating rooms were provided for immediately, three in the "old" building and three in the "new" building. Those in the new were fitted up in the X-ray department—in the stomach room, the fluoroscopic room and the general X-ray room. Each of these operating rooms were provided with a chief surgeon, three associate surgeons and two nurses. Everything was done swiftly, but with order; the more haste the less speed. The staffs were as follows:

I. Dr. Robert T. Morris, chief; Dr. Timothy F. X. Sullivan, Dr. Lawrence Page, Dr. George F. Goodfellow, associates.

II. Dr. J. Richard Kevin, chief; Dr. Joseph Brandeleone, Dr. William E. Young, Dr. J. Seldon Richardson, associates.

III. Dr. Lefferts A. McClelland, chief; Dr. T. B. Wood, Dr. E. B. Bickley, Dr. I. Sydney Ritter, associates.

IV. Dr. Aspinwall Judd, chief; Dr. John Hammett, Dr. John W. Perilli, Dr. Charles Perilli, associates.

V. Dr. Walter Brickner, chief; Dr. A. J. Beller, Dr. H. B. Kenner, Dr. S. A. Rose, associates.

VI. Dr. Ralph Alexander Stewart, chief; Dr.

Charles M. Levin, Dr. E. H. Harrison, Dr. Louis Fox, associates.

Dr. William H. Dieffenbach, the chief of the X-ray and electro-therapeutic departments, took immediate and complete charge of those departments and rendered wonderful service. They X-rayed more than a hundred patients, employing the three large machines and two portable machines at their disposal. This was done in the X-ray department, but more often at the patient's bedside, although the lack of space would have hampered anyone less expert. I may be permitted to say here that everyone connected with this hospital is very proud of the new technic in X-ray photography which has been discovered and elaborated here since the event which I am describing and which, in due time, will be explained in the medical journals.

Just here too I feel I should speak of the wonderful service that the American Red Cross rendered to the hospital and the public. Less than an hour after the explosion a corps of Red Cross workers, headed by a chief, were at the hospital. They not only instituted an information bureau, but a number of trained workers provided soothing soft drinks, sandwiches and coffee, to such patients as were permitted to receive them. Personally, I cannot find words to express my appreciation of the service rendered by these Red Cross workers.

They placed at the disposal of our own nursing staff, which had already done heroic work, five extra nurses on each floor. A Red Cross man was

It Happened

And We Couldn't Handle All of the Injured

It Can Happen Again

Help Us So We Can Help You!

Yesterday a catastrophe struck home—you know the story—the dead and the wounded lying helpless on the street waiting, begging for help that had to be summoned from all over the city—some even dying on their way in cabs, trucks and ambulances to distant hospitals.

All because WE couldn't even crowd them all under our roof. All because, through want of funds, through want of thought by business men, this most popular and congested "Wall Street" district has not had adequate hospital protection.

What has happened can happen again. We are appealing NOW to the business and financial interests of "Wall Street" district to help us make our equipment adequate to protect THEM and THEIR employees and to succor them in moment of need.

Give and give liberally. It is for your own protection, for your own benefit.

Whether your limit is \$1.00 or \$10,000, open your purse, and send contributions to

THE BROAD STREET HOSPITAL

placed on each floor to attend to the needs of each victim, notifying his friends, writing letters for him, sending telegrams, doing everything conceivable to comfort and soothe the mind of one suddenly stricken in such a catastrophe.

I am fully convinced that our own efficient social service department, headed by Miss Hellen E. Campbell, efficient as it is, would not have handled the situation alone. As it was they were tremendously over-worked. But they accomplished a signal service that the public should always remember.

For the benefit of all hospitals I wish to emphasize the fact that our success in meeting this emergency was due largely to our purchase from the medical department of the U. S. government of many extra blankets, mattresses, stretchers, beds and splints—in fact a full and complete hospital equipment. This purchase again exemplifies foresight and economy; this equipment was bought because it was cheap, but it was cheap because it was good. It was bought to hold until such time as our new buildings should be completed. But having it at our disposal we were enabled, with the aid of our splendid staff, to accomplish what we did.

After the sufferers had been operated on and returned to their wards, there were too many of them to be returned to the usual recovering rooms. So two physicians were placed in charge of each ward, together with the necessary nurses, to administer to the relief of the patients' pain and their general comfort.

The steward with his staff of assistants, porters, orderlies, and kitchen help, augmented with volunteer workers, immediately placed beds and cots in every available space in the hospital, including my office, my assistant's office, the office of the superintendent of nurses and the reception rooms. The beds of all convalescent patients who were able to walk were commandeered and the most serious cases of shock were placed in them.

The surgical procedure completed, tetanus anti-toxin was administered. Each patient was marked with a large "T" so that the dose of anti-toxin would not be repeated. Treatment for shock was administered and the Carrel-Dakin apparatus was instituted wherever necessary.

As I have said, 173 victims, many of them in the most serious and critical condition, were treated in an hour in a hospital which at noon that day contained 85 beds. The explosion occurred at 12:01 p. m. Four hours later the hospital routine was absolutely normal. Each case was being attended in a most efficient manner and with strictest obedience to orders.

Here are a few suggestions which, I think, may be of value to other hospitals.

1. Have on hand, beside the material in the hospital storerooms, an equipment equal to the care of at least three times the number of patients who

are usually in the hospital. This equipment should be complete in every detail, from a safety-pin to a Thomas splint. In this reserve there should be hot water bags, ice-caps, medicines, bandages, cots, sheets, beds, mattresses, pillow-cases—everything needed every day in a hospital. Then, and not till then, a hospital is prepared to meet everything—unless the heavens fall or the hospital itself be destroyed by an earthquake.

2. The surgeons sent out on a hospital's ambulance should be skilled and thoroughly trained, for they are the advance guards in repelling an attack that otherwise might overwhelm the hospital. A hospital should contain a most efficient receiving station for emergency calls which can take a dozen calls simultaneously, if need be, and dispatch an ambulance in two minutes at most after the receipt of a call. The ambulance drivers must be cautious but fast. If one is reckless, an ambulance will either not reach its destination or bring in more than the patient it was sent for.

3. Each ambulance in every hospital should be equipped as ours are.

4. There should be thoroughly equipped emergency rooms in every hospital to receive the patients from the hands of the ambulance surgeons.

All such service requires money and that means public support. So a hospital should not be too modest. It should not be a beggar nor should it shrink from informing the public of the good it is

Yon Men of Wall Street

Were your words empty words?

When you saw The Broad Street Hospital Thursday so pitifully handicapped by limited facilities in handling and succoring the wounded—when you saw them, lying there, even dying there, waiting for ambulances to take them to distant hospitals—

You said to yourself and to your neighbor, "Wall Street and lower New York needs, and can and should support an adequately equipped hospital; it should not rely on the charity of other sections of the city."

Were your words empty words? Some few have contributed. Are you going to permit yourself to sink back into the same unprepared, unprotected condition?

The Broad Street Hospital exists only to serve you and your employees and your neighbors. It is yours, here for your protection. Make it adequate to serve you in your moment of need. It is your only protection—make it real, make it big enough to meet your call, when you call.

Carry on, carry through your resolution.

Send your contribution now. Make it big enough to be representative of yourself, your company, your employees—and then add some for charity to others.

Send your checks to any of the following list of gentlemen:

James Barber, Chairman	Harvey Gibson
Elisha Walker, President	Raymond Fosdick
Charles E. Danforth, Vice-Pres.	Edward L. Wemple
Samuel Streit, Vice-Pres.	Ivy Lee
A. J. Barker Savage, M.D., Sec.	Oakley Wood
William Hamlin Childs, Treas.	William R. Jones
Henry L. Doherty	G. A. Blauvelt
Eugene V. R. Thayer	George C. Luebbers
Henry E. Smolen	G. A. Brahl
• M. Montague, Financial Secretary	

Care of the Broad Street Hospital

THIS "AD" FOLLOWED THE FIRST ONE

doing, else it will die of inanition. It occurred to one of our directors, Harry Rascover, head of several large newspaper enterprises, and it suggested itself to me immediately after the explosion, that it would be well to advertise in the newspapers to acquaint the public with our needs.

We had rendered the public a single service it seemed that if they knew of it they would render to us what we most needed—money. So we did this:

The morning after the explosion we published an advertisement headed "It Happened, and We Could Not Handle All the Injured." This was printed in several newspapers for two days. Three or four mornings after this we published another advertisement headed, "You Men of Wall Street, Were Your Words Empty Words?"

Gratitude is as volatile as ether; appreciation grows stale as quickly as an uncorked bottle of soda water. But it was only needful to remind the generous men of Wall Street of what we had done and they gave us more than \$100,000. And they made, beside, large contingent donations which depend on our raising the balance necessary for our new building. This we will do, and we will make the Broad Street Hospital one of the greatest in the City of New York.

In order to meet the ever increasing demands of this district, we are building a twelve-story addition, the foundations of which are progressing very nicely, and it is expected they will complete the building by August. It is then our intention to commence another building of equal size and height, on the adjoining property on South Street, and a Nurses' Home in the center of the block, property of which we have already acquired, making a very splendid and complete general hospital, with departments for post-graduate teaching in the various specialities.

In addition to this, a splendid tract of land near Cranberry Lake, New Jersey, 56 miles from New York, has been purchased, and a beautiful convalescent home is now in the course of construction that will accomodate about 25 patients, the location of which is in the highest altitude in New Jersey. It is our intention to only transfer patients there for convalescence who have received surgical and medical attention in our own hospital. This, too, should be opened late in the Summer.

This will be jointly controlled by our social service department and the administration of the hospital. It is believed that through our excellent social service department, facilities of which are placed at the disposal of the hospital by many of the most prominent ladies of New York, that after this convalescent home is completed we will be kept in touch with our patients from the onset of their admission to the hospital until they have obtained complete recovery.

No system of hospital arrangement, metropolitan,

private or military can be regarded as in any way complete which does not comprehend the supplementary establishment of a convalescent home away from the city, but near enough to the city so that the railroad transportation of the patient will not interfere in any way with his health. All who are acquainted with our hospitals, especially those in New York City, know well how many patients return to their homes, only to have a relapse of their condition, for want of a proper asylum where convalescence may be promoted and matured into health—where pure air, gentle exercise and regulated diet may complete what the surgeon or physician has begun.

All of these properties of the hospital, valued at over a million dollars, are free and clear of any incumbrances on the hospital. There are over 3,000 contributors to the hospital, which assures its maintenance, and the annual deficit is always met by the board of directors themselves.

Some Recent Books

Brief Reviews of Publications of
Interest to Hospital Executives

NURSING IN EYE, EAR, NOSE AND THROAT DISEASES, by A. Edward Davies, A. M., M. D., and Beaman Douglass, M. D., F. A. Davis Company, Philadelphia.

This is a revised edition of the book while primarily prepared for the use of nurses, should be of great assistance to students and general practitioners. Much new matter has been incorporated, and an entirely new chapter on vaccine and serum treatment added. The instructions for the nurse are in great detail and they outline her exact duties during and following operations. Dr. Davis has written the chapters on the eye and Dr. Douglass those on the nose, throat and ear.

NUTRITION AND CLINICAL DIETETICS, by Herbert S. Carter, M. A., M. D., Paul E. Howe, M. A., Ph. D., and Howard H. Mason, A. B., M. D. Lea & Feibiger, Philadelphia.

The second edition of this book has brought it up to 703 pages, principally through the addition of some fifty odd pages in the section on feeding in disease, the result of a careful review of publications of the past three years dealing with the subject. All obsolete matter has been eliminated. The chapter on vitamins has been entirely revised, while new chapters were written on metabolism in pregnancy and lactation and feeding of children over two years old. Other features of the new edition are the chapters on energy, metabolism and digestion which have been revised.

Accounting in Hospitals of England

Growing Realization of Value of Cost System Leads to Adoption by Institutions; Simplicity, Accuracy and Elasticity Required

By Major J. W. Pearce, Corps of Military Accountants, Fellow of the Chartered Institute of Secretaries, Formerly General Superintendent and Secretary of Birmingham and Midland Eye Hospital, Birmingham, England

[EDITOR'S NOTE: This is the first of a series of two articles on the subject "Is a Uniform System of Hospital Accounting Practical?" by a man who is an authority on accounting as well as a practical hospital executive.]

I may be permitted to give a brief outline of the purpose of accounts of trading concerns in general, and of the uniform system of accounts (now adopted by practically all of the large voluntary hospitals in this country) in particular; a brief definition of "cost"; what is meant by a "cost system"; and what I deem to be the purpose such a system would serve if applied to voluntary hospitals.

In general terms, the object of accounts of traders may be said to show the capital involved, the method in which such capital has been utilized, and the profit or loss which has resulted therefrom.

The accounts of all hospitals—whether presented in one form or another—serve a similar purpose, for they are intended to show the ultimate result of the utilization by executive committees of capital (consisting of endowments) plus annual contributions. It is quite probable, I think that had all contributions to the resources of hospitals been direct from the givers to the institution they feel drawn towards and not by any organized body, such as the Metropolitan Hospital Sunday Fund, or the King Edward VII Hospital Fund, the uniform system which you now use would never have been so widely adopted. A further purpose of that system is to provide subscribers and those responsible for the allocation of collected funds with ready means of comparison between institutions in order to judge their respective claims for aid, while it gives hospital committees and superintendents most valuable data with which to compare their working with that of institutions of a like character.

Cost may be defined as the sum of all expenses, direct and indirect, incurred in the production of a given article.

A cost system implies a systematic method of discovering cost as opposed to guessing. It involves a certain amount of routine, for no proper system can be evolved which does not necessitate some clerical work and the keeping of certain records.

Applied to temporary hospitals, a costing system would provide such examination as would enable those responsible for administration:

(1) To ascertain whether or not the fullest possible value is being secured for the time and money expended.

(2) To lay their fingers on weak places, both as regards waste of material and incompetent management.

(3) To throw light on past experience, and to locate extravagance or economy.

(4) To secure guidance for the future.

(5) To compare different methods of securing the same result (the cured patient).

(6) To check employes and prevent waste, both accidental and intentional.

It has doubtless been evident to all who take the least interest in present-day affairs and conditions that a tremendous impetus has been given in the last two and a half years to the question of costing in relation to business control, efficiency and economy. To meet the changed conditions due to abnormal years, 1914 to 1918, and to combat the keen competition in foreign trade, all possible means must be adopted to avoid high costs in manufacture, and many channels have, doubtless, been explored to promote efficiency with economy. Though the principles of cost accounts we have admitted for very many years it is only within the last few years that their value and importance appear to have been fully recognized.

In the olden days of numerous small master-men, with one or two employes, "costings" were unnecessary, but with the advent of large industrial combinations, controlling huge capitals, and with improved methods of manufacture, allied with increasing competition, more accurate methods of ascertaining how and to what extent profits or losses are being made, have become imperative.

It is no easy matter to secure the introduction of new methods in old-established undertakings, and the somewhat tardy recognition of the value of costings was probably due to the fact that where such systems existed much of the information was stale, and, consequently, valueless, while another reason for their unproductive results was that those responsible for the management of concerns never

even looked at the accounts or, if they did, they made no attempt to appreciate their import.

The conditions in the commercial world find their parallel in the hospital world. In the place of the comparatively small institutions of half a century ago there are now well-equipped buildings, replete with all modern equipment, and carrying on the tremendous work in which every voluntary hospital worker takes much justifiable pride.

Hospital work does not consist solely of treatment of the sick. Teaching, research, and healing are carried on side by side, and no institution is considered worthy of the name of hospital unless it be equipped with special apparatus for radiography, pathology, electrical treatment, and so forth, while, in addition, very many institutions run their own laundries and a still larger number carry on their own convalescent homes.

As the activities of a hospital grow so does expenditure, and so much more essential is it that hospital managers should know exactly the circumstances under which their institutions are carried on, both in total and in detail. I am convinced that hospital committees, with the increasing difficulty to secure adequate financial aid, must leave no stone unturned to render a good account of their stewardship, which is more likely than anything else to encourage prospective givers.

But, apart from the necessity of encouraging the charitably inclined, the fact that voluntary hospitals are today working more and more in conjunction with public authorities makes it imperative that the financial clauses of agreements in respect to patients whose treatment is recommended by such bodies should be on the soundest possible basis.

To secure, on the other hand, the monetary assistance of the generous, and, on the other hand, equitable treatment from bodies who should be just but have no right to be generous, hospital committees will need to elaborate the principle of costings, which, whether it is realized or not, is actually in operation wherever the uniform system is in use.

All costing systems have some "unit" of cost to work to, and in hospitals your unit is "cost per occupied bed per day." That is, undoubtedly, the best unit to which, in hospital life, it is possible to work. This, however, in all accounts kept on the uniform system, is not the only information your reports provide. You also give an equally important statistic—"the average stay per patient"—and by combining the two I have quoted, you give the total average cost of treating a patient to a conclusion.

This information provides the opportunity for comparison to which I have already referred, but if that were the only chief purpose for which your accounts are prepared, then, in my opinion, they are valueless as a means of ascertaining whether

you are in fact getting the fullest possible value for your money.

The introduction of a true costing system, carefully designed and intelligently applied, is not only applicable to voluntary hospitals, but as a means of controlling every item of cost, and what is perhaps even more important, of avoiding in the future mistakes of the past and of estimating probable future costs, such a system will unquestionably be of great value.

The same unit of cost was adopted for the accounts of military hospitals, but the methods used to arrive at that unit differ in a marked degree from those of the voluntary hospitals. So far as the latter are concerned, I have had actual executive experience at one only. Examination of the reports and accounts of many convinces me that my experience of that one hospital would, in the main, be identical with what I should find had I the opportunity of active participation in the work of these other institutions. So far as the military hospitals are concerned, I have been actively associated with the preparation of cost accounts of about eighty.

In voluntary hospitals no accounts are published which show the total cost of staff as distinct from the total cost of patients. The only head of expense which applies solely to staff is "salaries and wages," while the only head which can be definitely associated with the treatment of your patients is "surgery and dispensary." In military hospital accounts we show the net cost of maintaining patients, and, as separate accounts, the net cost of R. A. M. C., of nursing staffs, and of civilian subordinates.

To that extent alone army costings are much in advance of anything provided by the uniform system.

But this is not the only difference, considerable as it is. The published account of voluntary hospitals do not show the true cost of maintaining patients. They show the amount spent in cash in a year apportioned over the number of patients who have been under treatment; for out of reports of fifteen of the largest hospitals in England, I can only see one that definitely shows as an asset the value of its stock in hand, and this one hospital is so large that I can hardly conceive its being run with less than £6,000 worth of all stores. One hospital with an expenditure in 1919 of nearly £70,000 did not give a balance sheet in its printed report, so that I cannot say what method is in vogue there.

I have already submitted that in adopting the uniform system of account (and its adoption has undoubtedly been the means of saving large sums of money), you have actually conceded that the principle of costings is of benefit to the voluntary hos-

pitals, and in pointing out what I think are faults in the system, I am actuated solely by a desire to convince you (unless you are already convinced) that a true system of costings can be introduced easily.

It may be said, and with a certain amount of truth: "If you admit that there already exists, in voluntary hospitals, a costing system, what advantages will accrue from developing the system." To that I would reply, "In so far as, in these modern scientific days, no manufacture can be carried on successfully for any length of time without accurate knowledge of the cost of the articles manufactured, so, with hospitals, no institution can be carried on with the fullest measure of success without an accurate knowledge of the details of the cost of treating patients."

No system of costings should be introduced which fails to secure universal adoption. The main essentials of a proper cost system are that it should be (1) simple; (2) accurate; and (3) elastic. It should be simple because simplicity implies ease in operation as well as economy in clerical labor; it should be as accurate as possible, for if its principles are not sound, it will not command that general approval which will be needed to secure universal adoption; and it should be elastic in order that it can be adapted to all hospitals—large and small alike.

The advantages which can be derived from the keeping of cost accounts cannot be obtained without some trouble and expense. It is useless to embark upon their preparation unless there is willingness to devote time and money to securing their efficiency, for, though a rough method of "costing" may be possible without additional outlay, the results will be such that their accuracy or otherwise is incapable of proof, and it would be better to do without cost accounts altogether than to have a system upon which it is impossible to place absolute reliance.

On the other hand it is possible to over-elaborate and to become involved in expense out of all proportion to the results attained.

Hospitals which have already adopted the uniform system have at hand a most suitable foundation upon which to erect their cost-accounting structure, and there is no reason why this additional work should call for more than a slight increase in expenditure.

The whole secret of cost accounts is analysis—the dissecting of items in the aggregate into items in their elemental state. The principal items, which will require dissection, are:

Stores and materials.

Salaries and wages.

Depreciation.

To serve any useful purpose, the cost accounts

must be accurate and though it may not be possible to agree the cost accounts in detail with the financial accounts, it is, nevertheless, essential that agreement in total between the two should be attempted, and any difference satisfactorily explained.

The necessity for accurate records cannot be too strongly emphasized and laxity should, under no circumstances, be condoned.

Many items of expense (such as depreciation), must, of necessity, be estimated, and it is desirable, therefore, that the period of accounts should be as brief as possible, and should not exceed one month.

An organization, such as the Hospital Officers' Association, provide numerous opportunities for the dissemination of knowledge among its members and for the discussion of all matters relating to hospital administration. There can be no question that the variations of costs in individual hospitals and the costs thereof, as shown by published accounts, have led to the adoption by some of methods in use by other secretaries, which have resulted in greater economy in working. How much greater will these opportunities be when you are able to study, not only the cost all-in of treatment, but the cost of running individual wards and departments. Such opportunities are inevitable once a true system of costing is in operation.

Although co-operative action, as supplementing and co-ordinating individual effort, can do much to improve general efficiency, no amount of co-operation between individual hospital officers can be really effective unless the internal organization of the individual hospitals attains the maximum of efficiency.

I submit that there is considerable room for improvement in this respect in very many hospitals in this country, and that not only is costing applicable thereto, but that it will be well worth the time and thought and money you will need to expend upon it, and that apart from the interest the results will be to those responsible for the hospital administration; the surgeons, nurses, domestics, porters, and even the patients, will realize that they are intimately concerned in the efficient and economical management of the institution.

It is extraordinary, yet, nevertheless true, that though every possible care is taken in all organizations to avoid loss of actual cash by theft or carelessness, it cannot be said that equal care is taken of goods. Every business man is most careful to see that accurate records are kept of all money transactions, that the cash book is regularly vouched and balanced, but, so far as goods are concerned, he appears to be quite satisfied if, at the close of the year, he is told that his purchases have been so much, and that as there is so much stock in hand, the difference must represent the quantity consumed.

Where considerable purchases of stores are being effected, month by month, everything depends upon the vigilance of managers and the care and honesty of staffs. But apart from the risk of loss through dishonest practices, much waste and destruction of material may pass unnoticed unless a proper record be kept.

All this can quite easily be avoided, for the introduction of a proper costing system will call for accurate records of receipt and consumption of stores, whatever their nature, and from the information thus secured it will be possible to show:—

- (1) Whether all stores have been duly accounted for.
- (2) Whether the buying has been judicious.
- (3) That allocation of costs over various departments has been made correctly.

It is possible that the contents of the report submitted by Sir Napier Burnett and Mr. Orde, of the Newcastle Infirmary, are known to all concerned with voluntary hospitals. You will remember one striking instance where a reasonable average of cost per occupied bed per day served to hide the most extravagant consumption of one article of food. Other examples were given which showed variations in the cost of stores common to all hospitals. These gentlemen very rightly urged control of quantities as well as costs, and if their findings have influenced any concerned with the administration of voluntary hospitals, it is possible that some system of internal costings already exists, and is capable of extension.

War Department Offers Drugs

The U. S. War Department is offering \$2,500,000 worth of standard drugs and pharmaceuticals, through Surplus Property Section, Office of the Surgeon General, Room 1060 Munitions Bldg., Washington, D. C. Special consideration is to be given to orders from hospitals, institutions, clinics, etc. Bids may be submitted by groups, through an elected representative, and no special form is necessary. Note details in the advertisement in this issue of HOSPITAL MANAGEMENT.

Examinations for Dietitians

F. E. Doty, secretary and chief examiner, Los Angeles County Civil Service Commission, Los Angeles, Calif., announces that on May 6 in various cities of the country examinations will be held for a position as dietitian at the Los Angeles County Hospital.

Montana Tuberculosis Hospital Expands

The state tuberculosis hospital at Galen, Mont., will add 180 beds to its capacity in the near future when its addition is completed. Dr. C. E. K. Vidal, superintendent, recently appeared before the state legislature to seek funds for larger quarters for the employees.

Obtaining Tax Free Alcohol

Regulations Governing Use by Hospitals Now Present No Difficulties or Problems; Tax Is Waste

By A. R. Warner, M. D., Executive Secretary American Hospital Association.

Absolute alcohol is obtainable *tax free* at less than half the market price and can now be purchased routinely on the regular bond. It may be purchased in cases containing 36 half liter bottles, thus preserved indefinitely from deterioration. The tax free quotations on such a case today is \$34.60. The price for five gallons in steel drums is \$17.50. No packages smaller.

Every hospital in the country, however small, and whether operated for profit or not, should secure tax free alcohol for all uses. The cost of the minimum bond (\$1,000.00) is \$5.00 per year. This entitles you to purchase tax free and to have at any one time on hand, in transit or not yet accounted for 227 gallons of 95 per cent alcohol and there is no limit to the total use in the year. The government tax *which you are paying*, if purchased otherwise, is \$4.18 per gallon.

Regulations governing the use of tax free alcohol by hospitals have been so simplified in the past year that they now present no difficulties or problems whatsoever and it is a needless waste of money for any hospital to pay the tax. The smallest package of 95 per cent alcohol purchaseable tax free contains 28 gallons, but 96 per cent alcohol may be purchased tax free in five gallon steel cans. The present price of this is \$11.25 and the government tax upon this amount is \$20.07.

For any information as to the necessary application, bonds, etc., you may write this office or apply to your local collector of Internal Revenue. We will take up and secure for you any information whatsoever desired or establish a final and correct answer to any question which arises.

From Bulletin No. 30.

To Improve Care of Mental Patients

As a result of a two-year survey in Sussex County, Delaware, following a similar survey in New Castle County, both by the U. S. Public Health Service in collaboration with the Children's Bureau, the state officials engaged in the care of mental defectives have become interested in the establishment of a bureau of mental hygiene in connection with the State Board of Charities. First steps have been taken by the appropriation by the legislature of \$60,000 for improving the care and treatment of the mental patients in the state hospital at Farhurst. A training school for nurses specializing in neuropsychiatric diseases will be opened; reconstruction aids in both occupational and physiotherapy will be engaged; and additional physicians will be employed.

Impressions of European Hospitals

Study of Leading Continental Buildings Yields List of Desirable Features of Construction; Extensive Grounds Characteristic

By William B. Stratton, F. A. I. A., of Stratton and Snyder, Architects, Detroit.

[EDITOR'S NOTE: The trustees of the Detroit General Hospital, now the Henry Ford Hospital, after making some preliminary plans sent an investigating group composed of Chief Surgeon William H. Metcalf, Dr. Homer E. Safford and William B. Stratton to investigate the hospitals of Europe before completing the plans for the institution. They left for Naples in the spring of 1910. From Rome they went to Buda Pest stopping at various institutions recommended from there to London.]

Our party accumulated these impressions by talking with various authorities and by seeing the institutions under actual working conditions.

Our surgeon, our physician and our architect questioned the directors, the staff and the architects under whose advice the various institutions that we saw were created.



RIXDORF: INTERIOR OF WARD

Almost every center that we visited had its new hospital. These were so new that the planting, though showing great care, had not begun to add its effect.

The following paragraphs contain a few of the answers that were given us concerning desirable features. These may strike you as too self evident to be repeated, but if they were set down as first thoughts in starting on a hospital project, I feel that results might be different.

I wish especially to call attention to them as bearing on the selection of site. The selection of the site should be governed by the same considerations that govern the rest of the program. For example—I heard one trustee say that he would be against the hill site as the doctors would make it a \$5 trip.

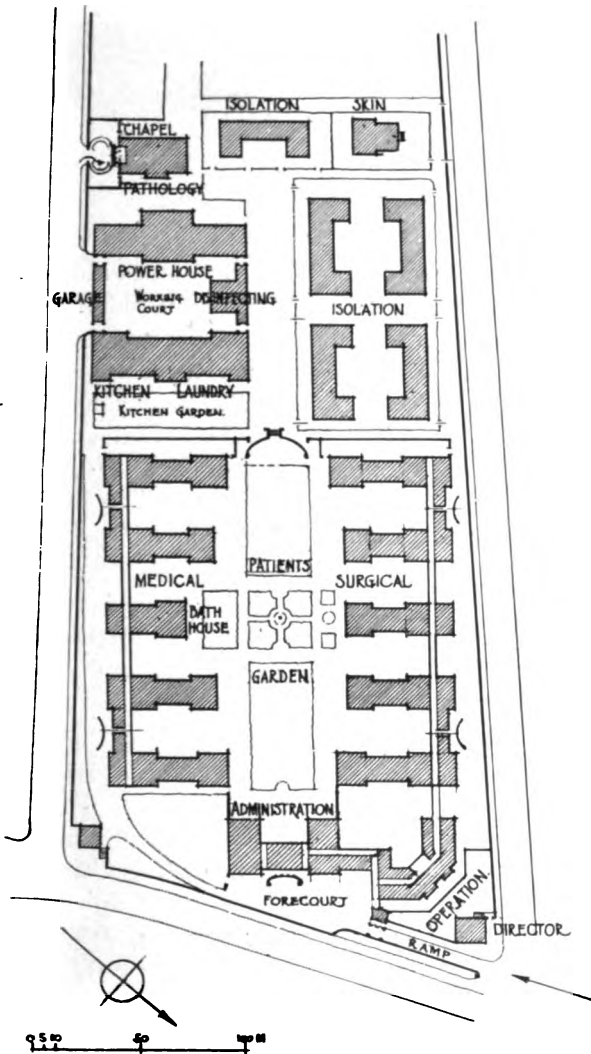
1. Only through the most thorough cooperation of physicians and architects can the best institutions be evolved.

2. On the other hand, the newest and most magnificent creations proved that architectural considerations must not control, but that the claims of hygiene must be put forward as finally decisive on any point and that consideration for the welfare of the patient and medical administration must determine both the general plan and the form of each building.

3. Each problem should determine the character of its buildings, and whether the pavillion, the corridor or mixed type should be used.

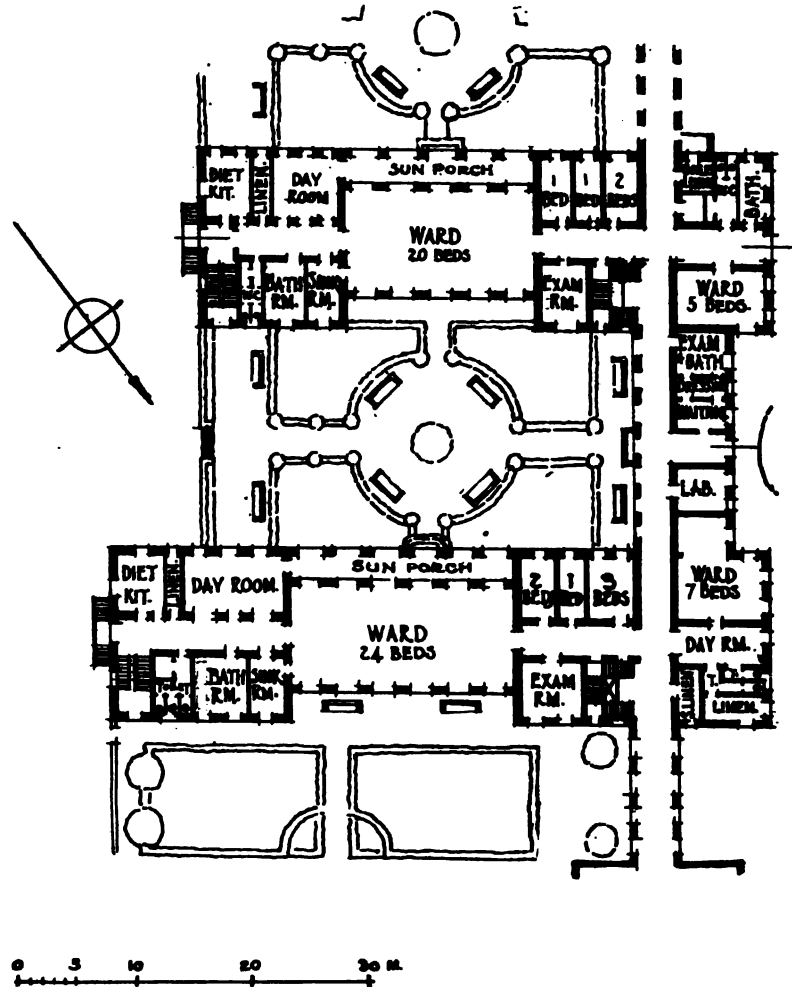
4. The pavillion of one or two stories has advantages in the way of sunshine, air and separation of groups, while for many patients, such as eye, ear, rheumatic, and delirious cases, the corridor building would seem better.

5. Wherever possible there should be provided



PLAN OF HOSPITAL AT RIXDORF

(Note outside driveway to ward buildings from forecourt)



RIXDORF: SURGICAL WARD GROUP

large beautiful gardens easily accessible to the patients.

6. Large wards are to be avoided on account of the danger of infection, and the limits to good nature reached through too many disturbing elements.

7. Labyrinthine arrangements are to be avoided.

8. The general arrangement of a hospital should be simple and easily understood by the various attendants. Service buildings and rooms should be so arranged that their particular affairs shall not interfere with those of neighboring rooms and buildings.

9. Many details which experience has proved should be given the most careful thought. For instance—the doctor should wash in the ward. Patients not only want to know that he washes, but want to see how he does it.

10. Under the various conditions presented no stereotyped form of floor plan has developed. This fact should not cause disappointment as there may be a great variety of forms so long as the general demands of sanitation are satisfactorily fulfilled.

11. As bearing on the selection of a large roomy site, I quote A. Saxon Snell, a noted British Hospital architect, who says that our great wars have each

time shown the advantages of fresh air in abundance and the removal of waste from the neighborhood of the sick, that in long continued peace times there is a tendency to go back upon these lessons and modify planning in the interests of mere convenience and concentration and that we then find virtues in high buildings, economy of ground and construction, easier supervision and a number of other desirable matters, the effect of which is incidental only.

I will give a rather extended description of two institutions, as these seem to embody the European idea of the requirements of clinic and general hospital, respectively.

The first is the Royal Hungarian University group of clinics at Buda Pest. These date their beginnings to around 1870. During these years the government has spent over five million dollars for the construction and equipment of these buildings. In 1908 they provided for 1500 beds. Clinics are as follows: internal medicine, 3; surgery, 2; ophthalmology, 2; gynecology, 2; mental diseases, 1; contagious diseases, 1, and the general service building. The newest building is a clinic of stomatology, and a children's building is under way.

The following institutes of the university are in



RIXDORF: REAR OF ADMINISTRATION BUILDING (LEFT) AND SURGICAL WARDS

new buildings: experimental and general pathology, bacteriology, anatomy, pasteur and legal medicine. Each clinic has its provision for out-patient as well as in-patient work.

Surgical clinic has the left wing of the ground floor devoted to its out-patient service, including the quarters of the surgeon on duty. The other wing is given up to various laboratories. The central portion has a deep amphitheatre, a lecture room, and the office of the director and his first assistant.

The second floor is chiefly devoted to patients. At the ends of each wing are eleven bed wards and besides these are four small wards for five beds and four for two beds and in each wing a patients' dining room and sitting room. (All patients when possible are at the table in three days.) The middle section is the quarters of the second assistant and the clinic clerks. The amphitheatre is reached by the students from this floor and they are provided with a large ante-room which contains racks for their outdoor clothing.

The third floor has the quarters of the third assistant and two clerks. The front and central portion of each wing is for patients as below and the rear end of each wing has a complete operating suite, one aseptic and the other, septic. The central part of the building is carried to the fourth floor where the nurses for this clinic are quartered.

There are also roof gardens for both nurses and patients.

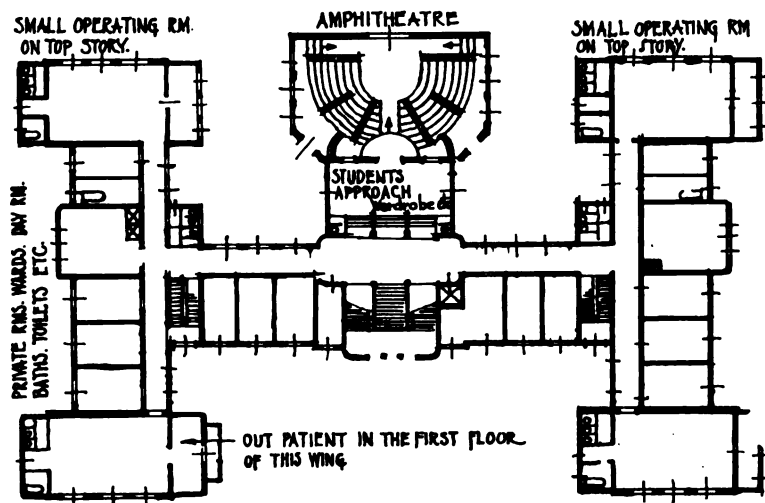
The equipment generally is very complete; the colors most pleasing in light shades; the ventilation both natural and by exhaust fans. The other buildings were similarly complete though the arrangement of each is different and according to the ideas of the individual director.

We talked with Floris Korb of the firm, Korb and Girgl, the architects of the clinics, who told us that we must surely visit the hospital at Rixdorf. This we later found to justify his enthusiasm.

The second institution is the Hospital at Rixdorf, Berlin. This is a small general hospital for this suburb. We found it to be a mile beyond the edge of the city, beyond the car lines and surrounded by grain fields. It illustrates the one thing which the continental planning demands, that is "room." The site contains twenty-two acres nearly level.

As will be seen from the plan, the pavillions surround a court or garden space and are reached by drives along the outside. These drives are screened from the central court by walls and a one story corridor between buildings. The forecourt is up five or six feet from the street and serves as a distributing point for the public, general patients and ambulance cases.

The wards are grouped in pairs with some of the



CLINIC NO. 1, BUDA PEST



STREET FRONT, SURGICAL CLINIC NO. 1, BUDA PEST, AND WARD AND FRONT OF SURGICAL CLINIC, POLICLINICO, ROME

rooms, common to either ward, across the main corridor. The service buildings are so grouped that an enormous inner court is provided in which all of the noisy teaming, coal handling and shop work is carried on. Beyond the service group and opening to the public from the road is a beautiful mortuary chapel surrounded by a most complete pathological building.

The operating suite has a rather unusual situation occupying the angle made by two streets. This location, while furnishing north light for the operating rooms, is very convenient both to the offices and photographic laboratories and to the wards. The usual travel to the wards is out of doors.

The impression one gains in the wards and in the patients' court is of extreme peace and quiet and a feeling of very little going on. The interior color effects are most restful.

These two examples would seem to show the tendency and use of the low and high hospital.

The Policlinico at Rome has both clinic and hospital planes in the same two story scheme. The street front or clinic plane consists of a line of wards, medical and surgical clinics and administration building. In line back of these is the hospital plane of wards, service buildings, baths, etc.

Views of the new Children's Hospital (just to hand) of Berlin-Dahlem, the Oskar-Helene-Hein shows practically a four story corridor structure, though this approaches a two story building in appearance on account of the clever use of roof and basement effects.

In the March 1921 number of the *American Journal of Public Health*, Dr. W. E. Musgrave, California, says "The hospital improvement movement has not kept pace with the advances in other branches of medicine and public health. Hospitals must be better *located*, better designed, better financed, better organized and better managed with a broader educational and public service vision."

G. W. Allsop, F. R. I. B. A., architect of the Auckland Hospital in New Zealand, now traveling, says, after certain breezy criticisms, "It will be obvious from this that a building may be of recent erection, but not modern."

Wisconsin Program Ready

Leading Authorities to Discuss Various Problems at Two-day Meeting in Milwaukee Next Month

The tentative program for the annual meeting of the Wisconsin Hospital Association at Milwaukee May 25 and 26 discloses the fact that the officers are preparing a most practical presentation of various hospital problems by executives of national reputation. Every major phase of administration will be discussed and there also will be a round table for the disposal of other questions.

The scene of the meeting will be the Auditorium. The tentative program follows:

Wednesday, May 25th, 9:00 A. M., Walker Hall.

Invocation; Address of Welcome; President's Address; Report of Executive Secretary and Treasurer; Unfinished Business.

"Problems of the Training School"—Miss Sara Parsons, R. N., Kansas City, formerly superintendent of nurses, Massachusetts General Hospital. Now making a survey of the Training Schools of the State of Missouri.

Discussion.

Group luncheons, 12:30 to 2: Hospital Executives; Training School Executives; Dietitians and Stewards; Anesthetists.

2 P. M.: "The Anesthesia Problem of the Hospital"—Dr. Isabella C. Herb, Rush Medical College, Chicago.

Discussion.

"Financial Management of the Hospital"—Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland.

"The Institutional Laundry—Innovations and Economies"—W. T. Williams, Editor of the *National Laundry Journal*, Chicago.

"Hospital Architecture with Special Reference to Interior Arrangement"—Perry W. Swern, of Berlin, Swern and Randall, Chicago.

Discussion—Frank E. Chapman.

At 7 P. M. there will be a banquet at the Hotel Pfister. This banquet will be attended by the members of the association, and it is especially desirable that hospital trustees and other lay people interested in hospitals, be present. The speaker of the evening will be Dr. William J. Mayo, Mayo Clinic, Rochester, Minn.

(Continued on page 78).

The Hostess Gives the "Home Touch"

Many Opportunities Abound in Institutions for Hostess To Give Personal Attention to Patients and Their Friends

By Cornelius S. Loder, Cornelius S. Loder and Associates, Hospital Consultants, New York

The Hospital Hostess may be a title unknown to some hospital administrators, although there is a continual need in almost every such institution for the service she can give. Her duties closely resemble those of the usual popular social welfare worker, yet in many respects they are quite dissimilar. The social welfare worker is chiefly in the home, the business house or the industrial plant in caring for the employes of the institution, protecting their health, their morals and living conditions so that they may be able to give their best of strength and energy to their employers. The hostess serves entirely in the hospital, giving all time and attention to more certain specific duties in the service of the patients therein. The patient is the first consideration since, without patients, hospitals could not be, even though the doctors and nurses may be seriously concerned and thoroughly trained.

The staff and the nurse see the patient mainly from the professional angle. To them it is a problem of operation and treatment for the regaining of health, leaving them usually but little time for the personal, intimate, friendly, sympathetic touch and association which many patients crave. This craving is especially true of the patient who goes to the institution without the company of a relative or friend, as well as of the patient who has no calls from visitors or friends. The loneliness of these patients if they are in a ward, may be somewhat offset by the activities and interests in the ward work and of the conditions of their neighbor ward mates with whom they become acquainted.

Some private room patients may have their own special nurse who will fill most of the functions of the hospital hostess. Yet the hostess has a definite mission even here for she may come with a "Good Morning" wish in a cheery way, thus brightening the gloom in a manner which will be greatly appreciated and graciously remembered through the coming days. Though this may seem like a little thing, it creates a good will which must re-act as a valuable asset.

You are asked to consider the hostess as one serving directly in the interest of humanity being relieved from the usual professional services to the patient. She comes solely with the little personal attentions that are so needed. She is not burdened with the detail as to whether the nurse's duties are well performed, whether the food is prepared right, whether the ventilation and the heating are as they should be, whether the laundry meets requirements, whether the cleaning is properly done, whether the room is a satisfactory one to the patient, but is interested in these conditions in a general way. The hostess learns all of these as they relate to the general contentment of the patient through her personal visitation. Thus she will be in a position to report directly to the superintendent, or to the superintendent of nurses, whether personal comforts are satisfactory to the patient. All of the suggestions she may secure from the patient she will include in her daily report to the management.

But the hostess, when a patient enters the hospital, makes her first call to the bedside at such convenient time as permitted by the head or attending nurse. She greets the patient, welcomes her to the institution, assures her that every effort will be made to render all needed attention and to give all service in a satisfactory manner. She further learns whether all things have been done as desired and what may yet be done. She attends to sending word to friends or relatives. She keeps a record of visitors, seeing that these calls are in accord with the visiting rules of the institution and as per-

mitted by the attending physician. She offers to write letters, to send telegraph or telephone messages. She is ready to read to the patient after finding what are her tastes.

When the patient is ready for discharge she sees whether there is some final service in the way of communicating with friends, arranging for the transportation, securing a taxi, and performing any needed final tasks which might be left undone, or, if left to the nurse, performed in a perfunctory professional manner. She makes sure that the patient is satisfied with the service given. She gives the patient a final "Good Bye" as she leaves the institution so that the afterthought of the hospital in the mind of the discharged patient is that every possible kindness has been given with the treatment and that she has even enjoyed the aggregate experiences and fully appreciates them.

In addition to the foregoing helpful deeds there are hours in a hospital when many little attentions are required for a patient who is about to "pass out." At such times there are friends and near relatives to be personally cared for and many little effects to be arranged. This is especially true with serious emergency cases resulting from accidents. At such a time great tact needs to be used that the service is not a mere matter of routine nor coldly formal.

At another time there is the welcome to the expectant mother who, anticipating the joyful arrival, is looking forward with hope and misgiving. She needs congratulations and cheerfulness both then and after the event. Then the members of the family and intimate friends appreciate words of cordial greeting and will hold them in grateful remembrance.

There are times also when there may be in a ward some lonely patient or a single patient in a room who needs special attention. There may be a patient who is greatly worried finding it difficult to pay bills or who has met with some catastrophe. To all such the hospital hostess should be the "Good Samaritan."

The selection of the hostess is a matter of great importance for it concerns the personal side of the patient and promotes the home atmosphere in the hospital. It is doubtless better that the hostess should not be a nurse, as a trained lay worker who has done some Christian welfare work and who is deeply and sincerely interested in humanity, would conscientiously serve through the irregular hours. There are many motherly women who just fit into this kind of service.

The compensation for a hostess need not be large for there is not the need of extensive training, yet it is a position having certain qualities as a requisite. If she resides at the hospital she should be a resident of the nurses' home. If the institution is a small one and all of her time is not required in visiting with patients, she can serve in greeting visitors during visiting hours and help to give the home-like feeling to the institution. The real mission of the hospital hostess is the development of the personal home-like touch for the hospital patients. She needs to be a person of clever vision, untouched by class ideals, as she is to serve midst the democracy of sickness and suffering where all meet and all need the touch of real human sympathy.

At no distant date every hospital will have some one performing the duties of the hostess, although some other title may be used. It is not the title, for which we argue, but for this type of service.

New York Campaign for Nurses

Department of Welfare Hospitals and Bellevue and Allied
Group Co-ordinate Their Efforts to Obtain Candidates

By Theodore H. Le Febvre, R. N., Principal City Hospital School of Nursing, Blackwell's Island, N. Y.



POSTER USED IN NEW YORK CAMPAIGN

The Department of Public Welfare of the City of New York, besides conducting several other important welfare activities, maintains five large hospitals, which together with the hospitals forming the Bellevue and Allied group, cover a bed capacity of 7,211. These departments are chiefly nursed by pupils in training. To provide good nursing care for so many is a most important factor in the conduct of these hospitals. The schools connected with the institutions although established for many years, two of them being pioneers in New York City, like most other training schools, during this post-war period, have felt the pressure of shortage in the pupil nurse staff.

To combat this situation a campaign for recruiting student nurses was launched by this Department and Bellevue. The heads of various hospitals met in conference with the Commissioner of Public Welfare and a committee was formed to carry forward a systematic program. Two prizes were offered for an attractive poster to be judged by a commercial artist, one to the pupils, the other to the graduate nurses. A folder was also prepared which besides containing a general statement relating to the nursing situation and its opportunities, sets forth very briefly the special advantages of the schools under the charge of the Department. These folders are illustrated with pictures of the hospitals and nurses' homes connected with the schools.

Many thousand of both the folders and posters are being distributed throughout the country, in great part by a commercial firm, to postoffices, high schools, railway stations, etc. Each school was also given a liberal number and they are reaching the public through the various local hospital groups and the alumnae associations.

Two members of the committee devoted considerable time during the spring and summer of the past year in meeting with high school girls, mothers' clubs, young people's societies, etc., and one week was devoted to a county fair where in co-operation with a graduate of one of the schools who is herself, the field secretary of the tuberculosis committee of that county, a great number of people was reached. The talks given in each instance were illustrated by lantern slides showing school activities and wherever possible, a film, "The Spirit of Florence Nightingale," which features numerous procedures and activities of the nursing field, was shown.

The slides used were taken in the particular schools attached to the Department. In one instance they were the work of a member of the Hospital Medical Staff who is keenly interested in that school and not only did he provide the films, but also the lantern. The moving picture reel was rented for a nominal sum from the American Red Cross, 44 East 23rd St., New York City.

The itinerary was planned by each one personally. Arrange-

ments were made by correspondence and, when practical, by telephone. In most instances, press notices were made by the principal of the high school attended and the churches or the particular town were asked to announce the program from the pulpits one week previous to the meeting.

Groups of business girls, Y. W. C. A. clubs and on one occasion the county convention of the W. C. T. U. were included in the list. The interest of the alumnae associations of each school was also enlisted, with the result that large groups of high school girls and their teachers were the guests of the hospitals. This proved a very interesting part of the program as the personal contact with the situation seemed most appealing.

The talks given were not lengthy, 45 minutes covering the entire subject, nor were they of a formal character. A short phrase, in part oft quoted during the war period, sounded the call, "Make Life Worth While—Be a Trained Nurse—The Foster Mother of the World!" A synopsis of the history of modern nursing and the life of Florence Nightingale opened the subject. By using the scheme of questions and answers, nursing was discussed from its many angles and the objections as well as advantages were set forth with all candor.

"What Nursing IS and What Is NOT" formed the greater part of the discourse. The need for a firm grounding in moral, mental and physical qualities was stressed and a list of high school subjects which would be helpful, was presented. The many fields of nursing service were enumerated and the most common ones illustrated by suitable stories.

The financial outlook, social status of the nurse and nursing traditions were also discussed and the oft told story that a nurse's working life was only of ten years duration was refuted by mention of well-known instances. A list of nursing activities which a school should provide, was set forth. The expenses of the training was covered and the life was shown to be a rational one, with many opportunities for initiative. School life was pictured as one of interest and satisfaction.

The records of the schools were cited through mention of the activities of the graduates and of the alumnae associations while the bravery of nurses during the recent war period was not forgotten.

That there is no short cut to the training of a nurse was emphasized and it was made plain that nursing is not work for an amateur.

The opportunities which the training makes possible were stressed and the fact made known that the better schools today do not exploit their pupils; do not require them to work more than eight hours a day on the hospital wards and that the old bugbear "drudgery" was mostly a thing of the past; only such household duties now being called for as are required for thorough training.

An appeal was made to the intelligence and sympathy of women—a patriotic appeal—for workers in a field where the need is great, the opportunities unlimited and the workers far too few. The value of the personal, human touch was not overlooked nor the physical nor recreational side of the school life left out of the picture.

At the present writing it is difficult to forecast the result of this campaign as it is only just beginning to function fully. However, many letters of inquiries have been received and several students have entered the schools. The greater number addressed will not, however, be ready to enter a school for a few years yet. But the seed has been sown and with judicious follow-up work, encouraging results are looked for.

New Building for Sydenham

Sydenham Hospital on East 16th street, New York, is to have a new building of 100 rooms.

Ohio Hospitals to Meet

Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, and executive secretary of the Ohio Hospital Association, has announced the following tentative program for the annual convention of the pioneer state association at the Hotel Winton, Cleveland, May 16-20, in conjunction with the Ohio Association of Graduate Nurses:

MONDAY, MAY 16

10:00 A. M.—Registration; meetings of committees; inspection of commercial exhibits.

2:00 P. M.—President's address, P. W. Behrens, Toledo Hospital, Toledo.

Report of secretary, F. E. Chapman, Mount Sinai Hospital, Cleveland.

"What Does Proper Recording of Hospital Performance Mean, and What Are Its Benefits, Raymond F. Clapp, assistant director, Welfare Federation, Cleveland.

Discussion—"From the Small Hospital's Viewpoint," Dr. C. F. Holzer, Gallipolis; "From the Point of View of the Department of Health," H. G. Southmayd, Columbus.

8:00 P. M.—Paper, Mr. Creviston of the American Legion.

"The Application of the Minimum Standard and Plans for the Future," Judge Harold Stephens, Chicago.

"The Development of the American Hospital Association and the Geographical Sections," Dr. A. R. Warner, executive secretary.

TUESDAY, MAY 17

9:00-11:30 A. M.—Round Table on Administrative Problems.

2:00 P. M.—"The Development of Hospital Social Service," Malvina Friedman, directress of social service, Mount Sinai Hospital, Cleveland.

"What is Real Hospital Service," Michael Davis, Jr., New York.

7:00 P. M.—Dinner—Some prominent speaker on an unrelated subject.

WEDNESDAY, MAY 18

Morning Session—New business; report of audit committee; report of resolution committee; report of committee on time and place; report of nominating committee; election of officers; adjournment.

10:00 A. M.—Joint meeting with Ohio State Association of Graduate Nurses.

"The Necessity for Correlated Effort in Hospital Administration," Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital.

Discussion—"From the Principal," Miss Grace E. Allison, Lakeside Hospital; "From the Superintendent," H. G. Yearick, City Hospital, Akron.

2 P. M.—Round table on correlated hospital and nursing problems.

2:00 to 3:00 P. M., Dr. E. R. Crew, Superintendent, Miami Valley Hospital, Dayton.

3:00 to 4:00 P. M., Miss Daisy Kingston, City Hospital, Fremont.

OHIO STATE ASSOCIATION OF GRADUATE NURSES

Wednesday—Joint Session with Ohio Hospital Association.

7:45 P. M.—Meeting, board of trustees, Ohio State Association of Graduate Nurses.

8:45 P. M.—Advisory council, Ohio State Association of Graduate Nurses.

THURSDAY, MAY 19

8 A. M.—Registration; 8:30 A. M., Executive Committee, League of Nursing Education; 9 A. M., Business Session, State Association; 11 A. M., Business Session, League of Nursing Education; 12 M., Registration.

1:30-3:30 P. M.—Private Duty Section.

Paper—"Private Duty Nursing from a Layman's Point of View."

Paper—"Private Duty Nursing from a Physician's Point of View."

Discussion.

3:30 P. M.—Tea at the nursing center followed by an automobile ride.

8:15 P. M.—General Session. Music by Nurses' Chorus.

Address of Welcome, Mrs. John H. Lowman, Cleveland, Ohio.

Response—Laura E. Logan, R. N., president, Ohio State Association of Graduate Nurses.

Response—Claribel A. Wheeler, R. N., president, Ohio State League of Nursing Education.

Paper—"Relation of the Nurse to the Public," James E. Cutler, dean of school of applied social sciences, Western Reserve University.

FRIDAY, MAY 20

8 to 9 A. M.—Round table, instructors in home hygiene, conducted by Jean Anderson, R. N., director, bureau of instruction, Lake Division, American Red Cross.

9 A. M.—League of Nursing Education.

Paper—"Health and Recreation of Student Nurses," Lillian Hanford, R. N., principal, Miami Valley Hospital School for Nurses, Dayton, Ohio.

Discussion—Laura Grant, R. N., principal Cleveland City Hospital School for Nurses.

Paper—"State Board Examinations," Ida May Hickox, chief nurse examiner, Ohio.

Discussion—June Ramsey, R. N., assistant principal, Lakeside Hospital School for Nurses, Cleveland.

Paper—"Factors Which Determine the Equivalent to a High School Education," Mrs. Norma Selbert, R. N., assistant professor of public health nursing, Ohio State University.

Discussion—Melisse Wittler, R. N., superintendent of nurses, St. Luke's Hospital, School for Nurses, Cleveland.

1:30—Public Health Section.

1:30-3:30—Round Table. School Nursing in Urban and Rural Districts, Ethel Osborn, R. N., superintendent of school nurses, Cleveland; Alice Squire, R. N., Red Cross public health nurse, Lucas County.

1:30-3:30—Round Table, Industrial Nursing, Caroline Hilliard, R. N., superintendent of nurses, Goodrich Tire and Rubber Co., Akron, Ohio.

3:30—Closing Business Session, State Association; 4:30, Closing Business Session, League of Nursing Education.

8:15—Public Health Section.

8:15-9:15—Round Table, Nutritional Classes for School Nurses, Vivian Reamer, B. Sc., household educator, Toledo district Association.

9:30-10:30—Round Table, Tuberculosis Nursing, Cora M. Templeton, R. N., director of nurses, department of health, Cleveland; Cora Schmees, R. N., public health nurse, Hamilton County.

The Question Box

Problems in Hospital Administration Dealt With From the Practical Side

TO THE EDITOR: I would like very much to know how to determine whether the proper percentage of relative humidity has been obtained in a building.

EASTERN READER.

In view of the fact that there is no general practice regarding humidification of air in hospitals, the foregoing inquiry was referred to Prof. A. C. Willard, professor of heating and ventilating at the University of Illinois, and head of the department of mechanical engineering, who is in charge of the research work of the national association of heating and ventilating appliance manufacturers. Prof. Willard replied as follows:

"We are often asked to furnish information concerning the proper percentage of relative humidity for occupied buildings, and the following statements from a recent letter in answer to an inquiry of this sort may prove of interest:

"The question of what percentage relative humidity is most desirable within ordinary houses is by no means definitely settled. It is quite certain, however, that in order to protect not only the occupants, but the woodwork and the furnishings of our houses that it is necessary to supply by artificial means a fairly large amount of water vapor during the heating season. As a rough guide to the house owner, it would probably be safe to say that no house is properly supplied with water vapor unless the window glass shows condensation or frost whenever the outside temperature is at freezing or below.

"There is no doubt that an increased relative humidity is desirable within practically all of our buildings during the winter season, as such increase will make it possible to carry lower air temperatures in the heated rooms and will materially benefit the occupants, the furnishings and the construction of the building. The extent to which the relative humidity should be increased is more or less dependent upon the satisfactory temperature, as it would not be satisfactory to have the windows completely frosted over or running with condensation during the heating season. Some trace of frost or condensation would always appear on the outside glass during cold weather."

Presbyterian Hospital Bulletin

Articles telling of the importance of the laboratory, the social service department, of the hospital as a whole, and of the plans for a new building featured the latest bulletin of Presbyterian Hospital, Philadelphia, of which Charles S. Pitcher is superintendent. The bulletin is issued three times a year, and is written for the general public.

Hospital Buyers Active

Distributors Report Purchases Have Resumed Normal Amounts—Glassware Reduction Indicated

Hospital buyers have resumed activity, according to dealers and distributors, who in mid-April reported that purchases of hospital supplies and equipment had about reached a normal basis.

Little changes in prices were noticed, but some dealers asserted that they looked for a reduction on glassware, due to more favorable market indications.

A good grade of cotton for hospital purposes was quoted at 29 cents a pound in 100-pound lots. This was a slight reduction compared with a month ago, although, of course, better grades were higher.

Gauze prices also were stationary, with a medium grade selling at approximately \$3.50 for 100 yards, in case lots.

Some distributors pointed out a rather extended range of prices in rubbers goods, owing to varying qualities. High-grade goods were reported to be scarce and cheap stocks were plentiful.

Indications of the price of surgeons' gowns and hospital clothing were indicated by a quotation of \$22.50 a dozen for a good quality Indian Head gown.

Canned goods distributors asserted that prices were lower than in years, but that the market was stimulated by the frosts that damaged the crops. Present prices, of course, are much lower than hospitals can expect on this year's pack. The sales of spot goods have increased. The frost will mean a further curtailment of the 1921 pack, which already had promised to be very restricted owing to the financial difficulties that forced many packers to the wall last year.

Hospital Exposition Diagram

Dr. A. R. Warner, executive secretary of the American Hospital Association, has issued an attractive folder containing a diagram of the floor space of the hospital exposition of the twenty-third annual convention, which will be held at West Baden Springs Hotel, September 12-16. The exposition, which is becoming of increasing importance as an educational feature of the conventions, will be held in the atrium, the largest room in the world, as well as one of the most beautiful.

Association Takes Over Hospital

The Plymouth, Ind., Progressive Association has purchased for \$10,000 the Dr. Aspinall Hospital which is to be a county institution.

Obtains Site for Building

The Central Montana Deaconess Hospital Association at Lewiston has obtained a site for its new building.

26,000 Are in U. S. Hospitals

Public Health Service Institution Increase From 22 to 65 in Two Years; Facilities Steadily Grow

By Charles Bolduan, M. D., Chief, Section of Public Health Education, U. S. P. H. S.

The hospitals operated by the United States Public Health Service have steadily increased both in number and capacity since March 3, 1919, when the Act of Congress authorizing the service to provide hospitalization for patients of the War Risk Bureau became law. On that date the service was operating twenty-two hospitals (all belonging to the Marine Hospital Service) with a total capacity of about 1,500 beds. On June 30, 1920, it was operating fifty hospitals with more than 12,500 beds; on Jan. 1, 1921, sixty hospitals with about 14,500 beds; and on March 5, almost exactly two years after it took hold, sixty-five hospitals with 17,650 beds. All the beds have never been occupied at one time, there having usually been a margin of about 6 per cent reserved for newly arriving patients and a varying number of unfilled beds in newly acquired hospitals and newly installed wards. On March 5 the total unoccupied margins was about 12 per cent. Of the sixty-five hospitals, twelve are for tuberculosis, seven for neuro-psychiatrics, one for epileptics, one for lepers; the rest are general.

Hospitals put into operation since June 1, 1920, comprise seven for general patients—at Baltimore, Staten Island, N. Y., Lake City, Fla., St. Paul, Minneapolis, Fort Thomas, Ky., and New York City; three for tuberculosis patients—at Tacoma, Wash., Oteen, N. C., and Camp Kearny, Calif.; two for neuro-psychiatric patients—at Knoxville, Tenn., and Augusta, Ga.; and a leper hospital at Carville, La.

The patients cared for in these government hospitals consist of War Risk beneficiaries and of earlier beneficiaries of the service (merchant seamen, lighthouse attendants, coast and geodetic survey employes, etc.). The War-Risk patients numbered about 4,500 on Jan. 1, 1920; 6,500 on June 3, 1920; 9,700 on Jan. 1, 1921, and 12,400 on March 5, 1921. The other beneficiaries are comparatively few; they numbered about 2,350 on Jan. 1, 1920; 2,800 on Jan. 1, 1921; and 3,150 on March 5, 1921.

The foregoing figures apply only to hospitals operated by the Public Health Service. As the demand for hospitalization has outrun the capacity of the government hospitals, the service has been compelled to place many of its patients in civilian hospitals, where they were cared for under contract. The number of these contract patients has risen from about 5,000 on Jan. 1, 1920, to 10,500

(Continued on page 88)

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round



DR. F. E. SAMPSON, CRESTON, IA.

Dr. Sampson's remarkable development of the Greater Community Hospital at Creston has attracted the attention of the leaders in the American Medical Association who have invited him to appear at the A. M. A. convention next June and explain the methods by which he has expanded the institution. Dr. Sampson read a paper on this subject that was an outstanding feature of the 1920 American Hospital Convention. He is a member of the National Hospital Day Committee and has put into this movement all the vigor and "pep" that led to his success in hospital development.

Dr. G. W. Crice opened the McFarland Hospital at Lebanon, Tenn., with Miss Annie Garrett, a graduate of Baptist Memorial Hospital, Memphis, as head nurse.

Dr. M. J. Armstrong, formerly of the Ohio Sanatorium at Mt. Vernon, has succeeded Dr. Harvey Hazelwood as superintendent of the Jasper County Tuberculosis Hospital at Webb City, Mo. Dr. Hazelwood resigned to enter public health work at Alexandria, La.

Dr. George K. Rhodes has been appointed assistant chief surgeon of the San Francisco Emergency Hospital Service, succeeding the late Dr. J. C. Egeberg as assistant to Chief Surgeon Edmund Butler. James I.

O'Dea, who has been in the emergency hospital service for twenty years was appointed to the newly created post of chief steward.

Miss Isabel Foster, formerly supervisor at St. Barnabas Hospital, Newark, N. J., has accepted a similar position at the City Hospital, Wilkesbarre, Pa.

Mrs. E. M. Guyton has been appointed superintendent of the Sarah A. Jarman Hospital, Tuscola, Ill. She is a graduate of Johns Hopkins Hospital, Baltimore, and was in charge of the Traverse City, Mich., Hospital before going overseas.

Miss Edith M. Ambrose, a graduate of the Presbyterian Hospital, New York, is to organize a department of social welfare for the Youngstown, Ohio, Hospital. A feature will be teaching of mental hygiene.

Miss Gertrude Barnes, formerly director of hospital social work at Lakeside Hospital, Cleveland, is organizing the social work at St. Luke's Hospital, Cleveland.

Miss Edith Douglas, Free Dispensary, St. Paul, is now a social worker in the U. S. Public Health Hospital, Fox Hills, Staten Island, N. Y.

Miss Anna M. Betts, formerly social worker at Bellevue Hospital, has been appointed organizer of a department at Knickerbocker Hospital, New York.

Dr. W. A. Howard of Cookeville, Tenn., is erecting a hospital building with a capacity of twenty patients. Miss Kate Smith of Nashville will be superintendent.

Miss Myra Sandborn, superintendent of the Rosebud County Hospital at Forsyth, Mont., is supervising the equipment of the hospital building that will be opened shortly and recruiting candidates for the nurses' school.

The Anne Warner Memorial Hospital at Gettysburg, Pa., recently was opened with Miss Carrie Stout, formerly with the York, Pa., Hospital, as superintendent. The institution will serve the people of Adams County. It has facilities for 75 patients.

Miss Marian Smoak, former army nurse in France, has been appointed anesthetist at the York, Pa., Hospital, succeeding Miss Carrie Stout who has become superintendent of the Anne Warner Memorial Hospital at Gettysburg. Miss Smoak was for two years at Camp Meade where she specialized in anesthesia, and later was assigned to a base hospital overseas.

Miss Mildred Taylor, formerly of Grant Hospital, Columbus, O., has been appointed superintendent of the Charles S. Gray Deaconess Hospital, Ironton, O.

THE HOSPITAL ROUND TABLE

Send in Your Annual Reports

There are many items in an annual report of a hospital that will be of interest and real value to superintendents and executives of other institutions. HOSPITAL MANAGEMENT will be glad to receive such reports and comment on new methods that have been worked out in various departments of the hospital. The co-operation of all superintendents is asked in this matter and a mark indicating the material of special value also will be appreciated.

How Costs Have Risen

The annual report of the Hartford, Conn., Hospital, of which Dr. Lewis A. Sexton is superintendent, contains the following table of relative costs of various items for 1919 and 1920:

	Cost in 1919.	Cost in 1920.	Percentage Increase.
Flour	\$12.00	\$15.00	25 per cent
Sugar	10.00	25.00	150 per cent
Coal	8.00	12.00	50 per cent
Sheets	18.32	23.75	29 per cent
Pillow cases	4.55	7.50	64 per cent
Surgical gauze.....	5.50	7.20	30 per cent
Catgut	13.85	27.90	101 per cent

This table not only is of value in informing the public as to the extent to which operating costs have risen, but also should prove of interest to hospital buyers in other sections of the country as a means of comparison of the prices they paid for these supplies.

Developing Morale

The Broad Street Hospital, New York, of which A. J. Barker Savage is superintendent, finds a system of scholarships and honorariums of great value in developing the efficiency and morale of the house staff and nurses. The nurses' school is under the direction of Miss Blanch A. Blackman, formerly charge nurse at St. Luke's, New York, and assistant superintendent of nurses at the Cincinnati General Hospital.

"Six scholarships are placed at the disposal of the students in the training school," writes Superintendent Savage, "and honorariums are granted each month; also the same as to the house staff, for general good conduct and efficiency. I have found this a very successful method of developing proper efficiency and morale among these two very important branches and indispensable department of the hospital."

An Empty Room to Every Twelve

Just what margin should be allowed in a hospital

to provide for disinfecting or cleaning wards and rooms is a problem that was taken up at the 1920 convention of the British Columbia Hospital Association and discussed and disposed of as follows by A. A. Fox, F. R. I. B. A., Vancouver:

"In planning a new building it is important that an allowance be made to the extent of one extra empty ward or room to every twelve occupied. This will afford the management a margin to empty a ward when needed for purposes of disinfecting or cleansing."

Eliminating Fire Hazards

Some suggestions advanced by a speaker at a recent hospital convention concerning the decreasing of fire hazards were:

Eliminate all articles of celluloid, such as thermometer backs, toilet articles, etc.

Cheap matches should be avoided—they are dangerous to an alarming degree.

Do not use metal polish or cleaning fluids in which the base is composed of benzine or naphtha.

Do not put off the repair of any disorganized electrical wiring or equipment; have the wires run in conduits and terminate in metal junction boxes.

Do not bask in the delusion that because a building is said to be of fireproof construction that you are safe from danger.

Swedish Mission Hospital Booklet

Swedish Mission Hospital, Omaha, has issued a booklet describing the organization and development of the institution and its training school, the work done each year and other details of the hospital. A leaflet enclosed asks the reader to call attention of friends to the information given, and explains that the Swedish Mission Hospital is part of the Onward Omaha movement.

Chicago Hospital Opens Addition

The West End Hospital and Training School, Chicago, recently opened a new addition in which the dispensary is housed. Dr. Benjamin H. Breakstone, founder of the hospital, is chief of staff.

Tennessee Hospital Building Remodeled

Extensive remodeling of the building of Elizabethton, Tenn., Hospital is being completed under the direction of Miss Doxie B. Sisk, superintendent.

Newark Hospital Adds to Building

The East End Hospital building, Newark, N. J., owned by Dr. Lawrence Cahill, is to be remodeled and a solarium added.

Hospital Management

Published in the interest of Executives in Every Department of Hospital Work

Published on the fifteenth of every month by the

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537 S. Dearborn Street, Chicago

Telephones Harrison 1333 and Harrison 1347.

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VOL. XI

April, 1921

No. 4

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1. *Better service for patients.*
2. *Hospital facilities for every citizen.*
3. *Adequate training for hospital executives and staffs.*
4. *Education of the public to its responsibility and duty toward hospitals.*

A National Hospital Day Editorial

"You have most properly chosen May 12th, the anniversary of the birth of Florence Nightingale, as the day to be celebrated as National Hospital Day."—PRESIDENT HARDING.

"A National Hospital Day will justify itself if it does no more than to inform the public that barns cannot be converted into hospitals—and that at present even barns are by no means easy to come by."—SURGEON GENERAL CUMMING, U. S. Public Health Service.

"Hospital managers and executives have been poor salesman and the advertising in the manner suggested is in line with good business procedure, to say nothing of the spirit of co-operation and friendship which such a scheme will surely stimulate."—

DANIEL D. TEST, superintendent, Pennsylvania Hospital, Philadelphia.

"I believe we, who are with the small hospitals, will have more reason to be appreciative of this movement than the superintendents of the larger institutions. We are so busy with the detail work, making both ends meet, that there is very little time left to try to get the needed information before the public."—MAUDE LUCILE HOWELL, superintendent, Community Hospital, Falls City, Neb.

"Any movement that has for its object the arousing of public interest in the true scope of hospital service meets with my hearty approval. We will be pleased to designate National Hospital Day by proclamation."—THOMAS E. CAMPBELL, governor of Arizona.

"I shall be pleased to make a public statement in the interest of National Hospital Day."—CHARLES R. MABEY, governor of Utah.

"The observance of National Hospital Day, the observance of which that is to bring before the public the place which the hospital has in the life of the community, is well worthy of endorsement of every one interested in humanity and civic progress."—CHANNING H. COX, governor of Massachusetts.

"I have already issued a statement approving a National Hospital Day."—EDWIN P. MORROW, governor of Kentucky.

"West Virginia has been very generous in the maintenance of her state hospitals and in the extension of aid to worthy private institutions and I trust the educational plan evolved by your committee will awaken and stimulate increased public interest in these institutions."—E. F. MORGAN, governor of West Virginia.

"I believe the movement which you have begun to be a most excellent one that should be of great value to all the hospitals."—DR. A. C. BACHMEYER, superintendent, Cincinnati, O., General Hospital.

A Lesson in Preparedness

"Preparedness is the foundation of a hospital's efficiency."

There is a lesson for every hospital in DR. SAVAGE's article describing how the Broad Street Hospital met the emergency of the Wall Street explosion. There are a great number of hospitals, it is true, that can with certainty say that local conditions preclude any idea of a catastrophe of that nature that they may be called upon to handle. But there is no hospital that can say that it need not be prepared for a sudden demand for service to the utmost capacity of the institution.

How many little things are allowed to go undone, small in themselves, but which lumped in an emergency, may result in serious consequences to some patient whose position or circumstances may bring a great deal of undesirable publicity to the institution! These trivialities might be cleared up in a few minutes, and a great deal of suffering avoided, and a last-

ing friendship created, but they are forgotten or neglected and misunderstanding and bitterness result.

"If the hospitals forget," as DR. SAVAGE points out in this issue, "it is as certain as anything can be that they will be confronted with an emergency they can not meet. There will be two consequences, one pitiful, one disgraceful. There will be much human suffering that could have been alleviated quickly, and the hospital's reputation for efficiency will receive a blow from which it may never recover."

Being prepared does not necessarily mean that a hospital must have a dozen ambulances, or a great quantity of reserve equipment, but it does mean that every department must be kept up at the highest point of efficiency. Then when the emergency comes the hospital will meet the test to the very best of its ability. Having done this and its physical resources having been found inadequate, the memory of the splendid service will spur the community to the task of providing the necessary buildings, equipment or other things in which a deficiency was noted, just as the splendid efficiency of the Broad Street Hospital during the Wall Street explosion brought generous donations.

Co-operation Means the Superintendent, Too

At gatherings of hospital executives the necessity of co-operation among the board, staff and department heads frequently is commented on, with numerous examples of institutions whose efficiency has been increased by real team work. Recently, however, an instance has come to light in which a superintendent preaching co-operation found that his ideas regarding certain matters did not meet the approval of the board and the staff and he immediately assumed the frame of mind described in the song, "They Were All Out of Step But Jim."

The bone of contention is not vital to this editorial, but there is a moral in the attitude assumed by the young superintendent, who refused to listen to the suggestions of the persons who did not agree with him. He made every effort to force the board and staff around to his way of thinking. The result, of course, was that now the able young executive is looking for a position and the hospital seems to be doing fairly well under a superintendent who evidently has found some good in the point of view of the staff and board.

Undoubtedly, if the superintendent had listened to the reasons advanced by the opponent of his plan an amicable adjustment would have resulted, or perhaps the superintendent would have been convinced that he was in the wrong and would have withdrawn his opposition to the measure in question. Frequently, when an executive imagines that he is not receiving proper co-operation on a given proposition the real facts may be that he isn't seeking co-operation, but is endeavoring to make others follow his ideas.

It is the duty of the superintendent to co-operate with the board and staff just as much as it devolves upon these bodies to co-operate with the superintendent.

Appealing for Public Support

MR. VOSE of the Eastern Maine General Hospital, Bangor, scores a point in his letter on the National Hospital Day movement which is printed elsewhere when he deprecates the policy of the large number of hospital officers who ask support from their communities on the ground of humanitarianism or charity, instead of setting forth the economic value of the hospital.

Few people, indeed, conceive a hospital in its true light, a highly organized institution for the treatment of the sick and injured and for the advancement of the health of the community, and even fewer realize that hospitals are planned and operated so as to achieve these ends in the most satisfactory, which means most efficient and most economical, way. The present-day hospital, the result of many years of study by medical and nursing leaders in co-operation with architects and other experts, represents the very latest development in the treatment of the ill and disabled and no private home can hope to serve a patient as well or at as low a cost.

The presentation of facts of this nature, however, as MR. VOSE points out, has been done in far too few instances by hospitals that seek the support of the public, and the over-emphasis of the plea of charity has tended to give the people the impression that somehow or other they need not look any too closely into the efficiency of the institutions since they are doing a charitable work.

With the many lessons in economy that have come from the war, the institution that will feature this phase of hospital service undoubtedly will win greater and more enthusiastic support from the general public. Business men, too, would prefer to assist an enterprise that is being conducted in an efficient manner.

Another factor that will strengthen the position of the hospital that points to its efficient and economical administration is that such a record will immeasurably reinforce its plea for assistance on the ground of its charitable work. If some people can be reached best through an emphasis on the charitable side of a hospital's service, the assurance that this charitable work is being done without waste of time, labor or materials will be all the more effective.

Let us hear more from hospital officers and executives about the efficiency and economy of hospital service.

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Armco Hospital Service Develops

Two Hospitals, Two Dispensaries, Treatment Room and
Physical Examination Department Now Operated.

By H. S. Murat, M. D., Chief Surgeon, American Rolling Mill Company, Middletown, Ohio.

To make employes efficient means, first of all, the matter of their physical well being must become of the highest importance. The man who is unfit to perform his daily labors because of physical defects or ailments cannot do full justice to his obligations and is a hindrance to himself, and in a measure to others.

The duty, as it might be termed, for the employer, is to make him fit, or at least to assist him in so far as it is possible to do, to the end that the latter's own interests can best be conserved. This can be made to act as a profitable investment. Let us figure that every employe is worth as much as he earns, and that should his services be lost on account of illness, the cost of placing another to perform his labors, or the time lost while he is absent, often becomes costly. So the force shall be kept intact, and where the industry is large enough, there is real economy in maintaining a medical department.

In other words, it is desirable to prevent either an accident or a case of sickness where possible. This has been found a very profitable plan with one of the larger plants devoted to the manufacture of iron and steel products, the American Rolling Mill Company, of Middletown, Ohio, which undertook the establishment of a medical department in 1911. This was during the construction of what is known as the East Side Works, and after its completion, the company saw the value and necessity of enlarged facilities for caring for injured employes, and in furthering the plan of making this an important part of the betterment work. The direct effects of this idea were to make the employes not only better physically, but better citizens.

The plan was first to inaugurate a department for better care for injured employes, as well as to make possible a large scope of such medical service as

would come within the company's operation. The beginning was confined to two small dispensaries, one at the Central Works and the other at the new plant, known as the East Side Works. The latter was conducted in connection with the watchman and time office at the main entrance to the plant. From these two minor plants there has been developed the following establishments: the Armco Main Hospital; Colored Club Hospital; Central Works Dispensary, Shops Dispensary; treatment room in the Administration Building and Physical Examination Department. In the old days there were hand stretchers used for conveying the injured employ to the first aid station. Now there are maintained ambulance stations with motor ambulance service, so that there is little or no time lost in removing to the hospital an employe who has met with an accident. The work has been so amplified until at this time it includes the treatment of employes for both injuries and physical ailments. This service is given free to every employe so long as he is able to continue his work.



VIEW IN COLORED CLUB HOSPITAL

The main hospital is modern in every respect, including waiting room, dressing, sterilizing, drug dispensing rooms and office. There are also kitchen, dining, and living rooms for the matron, as well as a completely equipped laboratory, where it is possible to make analyses of all kinds, and where X-Rays may be taken.

The Colored Club Hospital is a branch that is maintained in connection with the Armco Colored Club, this department containing waiting, dressing and drug rooms, as well as kitchen, pantry, bath, two private rooms and two ten-bed wards. The hospital cares for employes who live in what is known as the colored camp, a section that provides for the colored employes who wish to obtain board and lodging at a nominal sum, and which has proven to be a very helpful adjunct to the operation. Colored employes also are cared for at this hospital in case of illness as well as for injuries.

At the Central Works dispensary there are three rooms, waiting, dressing and consultation rooms. The unit here is for the purpose of caring for either injury cases or for those who may be taken ill at the Central Works.

The Shops Dispensary was established in 1918, near the forging and subsidiary departments, so that an accident in any of these departments could be taken care of quickly. This institution contains waiting, dressing, drug and special treatment rooms, as well as a rest room for girl employes in the nearby departments.

There is also a waiting and treatment room in the general administration building where the office employes may obtain treatment in case of need. The latter department has a modern nose and throat outfit and electro-therapeutic equipment.

The personnel of the medical department includes three physicians, six graduate female nurses, five male nurses, three clerks, a matron and two janitors. There has been a special effort made from the very outset of the establishment of the medical department to give the best "service to all alike regardless of race, color, nationality or position."

Since the beginning a material advance has been made. For instance, at first there was no attempt to treat minor ailments of the employes, even though they were on duty at the time. The work was confined simply to the treatment of accidents. Now there is also continual effort to keep the employe fit. In case an employe feels that he is unable to continue his work, he is laid off, and consults his family physician, the work at the plant ceasing in such instances. The company makes no attempt to treat the families of the employes.

The medical department endeavors to keep in touch with the nature of the work being done by every employe to obtain a more complete knowledge of the duties, and to make possible the elimination of accidents.

The physical examination department is maintained first of all to safeguard the health of the employes. Every applicant is given a careful physical examination, which not only enables the individual to be placed in a position where he is best suited, but makes it possible for him to progress. Later examinations are made, in addition to such treatment as is demanded, and in this way there is discovered incipient disease conditions that can be corrected.

A careful record is kept of all the work done by the medical department. A complete history of each case is made, this including the name of the employe, check number, nationality, residence, whether married or single, time of service with company, experienced at kind of work being performed when accident occurred, nature and extent of injury, whether or not injury has been neglected, and all other detail necessary.

If the accident is serious the safety engineer is notified and makes a study to ascertain if the accident was due to faulty conditions in the plant. In such an event the remedy is put into effect. Should, however, the accident have been due to some physical defect, there are steps made at once to correct this, failure of which there is a recommendation made by the physician to change the occupation of the employe.

When an employe is laid off on account of accident or illness his brass check or pin is taken up by the physician or nurse in attendance, for which he is given a receipt. The check is sent to the clock house with the laid off slip and the time keeper lifts his time card and replaces it with a red card. When the employe resumes work he goes to the clock house and is given his red card, which he takes to the hospital, where it is O.K.'d so that he can resume his duties, and where he is given his brass check. This is simply a safeguard against a possible relapse or injury due to weakness.

In case an employe is a frequent sufferer from headaches, dizziness, constipation or other ailment,



AMBULANCE AT SHOPS DISPENSARY



SECTION OF A TREATMENT ROOM

it is customary for him to report at the physical examination department or hospital to undergo examination.

Through the work of the various departments connected with the medical work, there are numbers of incipient cases of lung, liver, heart, teeth, kidney, stomach and bladder troubles discovered, and these frequently are unknown to the victim. The medical service in this way has proved to be most beneficial and the results have been a source of profit to both the company and to the employees.

An examination of the drinking water supply is made at regular intervals.

The medical department has always worked with the safety and sanitation department so that the machinery may be made more secure against the possibility of accidents as well as to improve the working conditions. The duties of the physicians include trips through the plants, to become acquainted with the men and conditions. There also are talks on safety and accident prevention to various groups. In this way employees are made to place a higher value on the work of both accident prevention and health safeguarding. The entire subject is looked upon as one of vital moment to the employees, and the results must count for a far greater sum than is measured in dollars.

Miss Fort Heads Baltimore Nurses

Miss Harriet Fort, Maryland Casualty Company, formerly vice chairman, has succeeded Miss Rebecca Coale as chairman of the Industrial Section, Maryland State Association of Public Health Nurses, Miss Coale having gone to New York to pursue special studies. Miss Helen Parsons, United Railways and Electric Company, succeeded Miss Fort as vice chairman. The directors of the association, one of whom serves as secretary-treasurer, are C. Frances Webb, Baltimore Copper Smelting and Rolling Company, and Blanche Prince, Mt. Vernon Woodberry Mills, Inc. Only graduate registered nurses are eligible to membership in the association which was organized in October, 1920, by industrial nurses of Baltimore.

Plant Hospital Essentials

Central Location and Proficient and Adequate Personnel Among Items Stressed by this Surgeon

By J. S. Dye, M. D., Supervising Surgeon, Chase Metal Works, Waterbury, Conn.

The location of the plant hospital is vital. A centrally located plant hospital saves life and suffering to say nothing of the cost to the manufacturing concern in the loss of time spent, coming and going to the hospital.

The essential points in a perfectly functioning plant hospital to my mind, are as follows:

1. Central location (bright, cheery, clean, quiet).
2. Proficient and adequate personnel.
3. Sufficient equipment, avoiding the great expense of nonessentials.
4. Adequate, but not superfluous records.
5. Attitude toward patients should be hopeful, sympathetic and painstaking in detail. Make him feel that the Medical Department is his friend and will always deal with him honestly. The Medical Department should never allow an employe to be discharged through its department.
6. Close co-operation with Compensation, Welfare, Employment and Safety Departments.

Reporting Slight Injuries

How Safety Department of the Pullman Company Induces Employees to Seek First Aid Stations

By R. P. Matthys, Safety Engineer, The Pullman Company, Pullman, Ill.

To induce employees to report to the hospital, though injuries appear trivial, we have throughout the plant first aid stations and safety committeemen. These committeemen are instructed to advise everyone to go to the hospital no matter how slight the injury, they having been told of the serious results which may follow for not doing so.

We also have Safety Bulletin boards throughout the plant, showing notices which are changed weekly, these often showing cases where serious injury has resulted from neglect of proper attention to a slight injury at the time of injury.

At our first aid stations, our equipment is of the very simplest kind, as we keep nothing but gauze bandages, adhesive plaster, picric acid pads for burns and a pair of scissors so that none but the simplest of first aid measures can be given to the injured persons. This is an added incentive to the injured person to go to the dispensary for treatment.

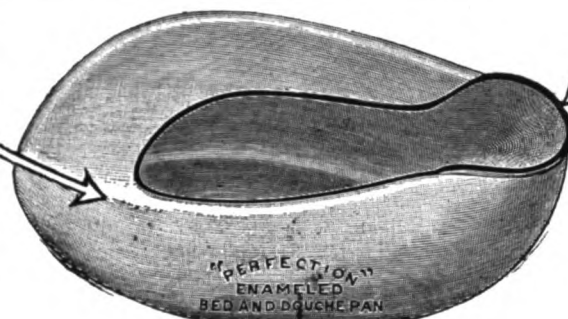
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Equipment for the First Aid Room

Conference Board of Physicians in Industry Establishes Minimum Requirements for Size and Utensils

[EDITOR'S NOTE: The following is from Research Report Number 34 of the National Industrial Conference Board, New York.]

In many plants the dispensary is located on the ground floor, convenient to the entrance to the plant. In other places, where elevator service is available, it is situated above the ground floor. In the latter case, a location near the elevator has been found desirable, if this permits of proper ventilation and lighting, easy access to wash and toilet rooms, and necessary quiet. It should be remembered that it is always easier to take an injured or ill person down stairs than up stairs, and this fact should largely determine the location of the dispensary on the ground floor, if suitable space is there available.

In some plants the work of the medical department has been facilitated by the provision of additional space for office and record equipment, preferably adjoining or near the dispensary.

As most treatments are given during working hours, and as the worker is away from his job while visiting the dispensary, it has been found well to locate it in a fairly central place, to avoid waste of time in traveling to and from it. It is equally important that provisions for treatment be such as to require the least loss of time in dressing injuries. Consequently, much thought should be given to the kind and convenience of location and equipment of plant dispensaries. It is desirable that dressing tables, instruments and dressings, sinks and waste receptacles be placed with a view to quick and efficient treatment of cases.

It is found in practice that many servicable arrangements of equipment are made to meet requirements of available quarters or the ideas of works physicians. In field studies of industrial medical departments several interesting adaptations of the medical work have been found. As described above, in one dispensary the sinks are located in the center of the room where the nurses and doctors can work from both sides. This has been found a decided advantage in a busy place. One end of this same dispensary can readily be made into two semi-private examining and dressing rooms by the means of wide curtains on rollers attached to a framework higher than a man's head and supported from the ceiling. When not in use the curtains are rolled up out of the way.

In another busy dispensary, all of the work is done in one large room, but the equipment is divided into units, each with its own dressing table and other supplies and instruments. There are

units for treatment of the eye, nose and throat, infections, and general dressings.

In another dispensary with two full-time physicians, each doctor has a separate office fully equipped for all ordinary work, so that each patient can be seen in the strictest privacy. This method entails duplication of equipment not necessary in plants having one general dressing room.

In one plant a well-equipped laboratory is installed for both clinical and bacteriological work.

In one large dispensary all first dressing of injuries are made in a room devoted to this purpose, with separate equipment and instruments used here only, redressing being done in other rooms. In this way, it is reported, infections are reduced to a minimum.

BRANCH DISPENSARIES

In plants with large numbers of workers or those covering considerable territory, it has been found desirable to install branch dispensaries in charge of trained nurses, the works physician having regular visiting hours, in addition to being always on call. These branch dispensaries enable more prompt attention to injuries, with a reduction in the amount of time lost either through visiting the more distant main dispensary, or by failing to visit it. The advantage of branch dispensaries has been shown clearly in the work of two adjoining textile mills. One has 15,000 employes with one dispensary; the other mill has 1800 employes with one main and three branch dispensaries. In the smaller mill the number of dispensary visits was relatively seven times that of the larger mill.

Physicians in industry assert that each establishment should have a sufficient number of branch dispensaries to reduce to a practical minimum the time lost by an employe when visiting the dispensary.

Some large industrial establishments are located in remote sections where no hospital or medical facilities are available. In such cases it has been found necessary to provide facilities for complete medical and surgical care; but these larger hospital organizations cannot take the place of the plant dispensaries, which must be maintained to effect closer and quicker contact with employes injured or ill. Under such circumstances the hospital becomes a community rather than a purely industrial asset, and the most valuable work, in a measure, is that of the branch dispensaries in the shops.

FIRST AID ROOM

In some industrial establishments not large

SINCE it is an established fact that oral filth and infections of the peridental structures hold a causal relation to many systemic diseases, it follows that the physician often finds it necessary to *insist* that the teeth be kept clean.

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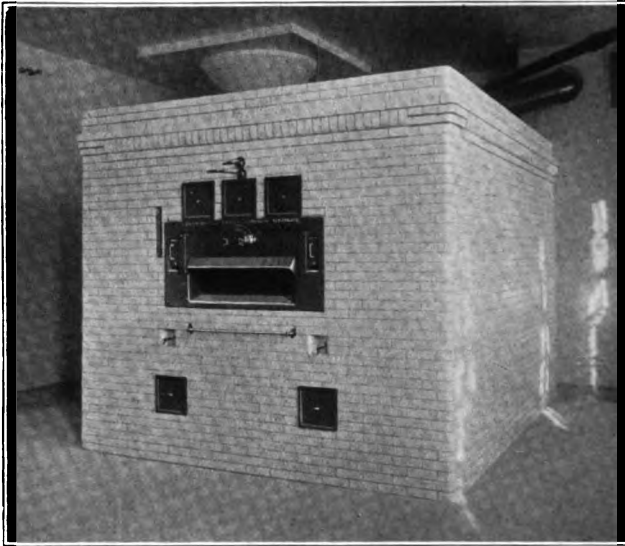
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*If You Use Bread in Quantity,
Your Hospital Needs a "Helm-Built."*

HELM-BUILT OVEN CO.

115 S. Dearborn St.,

Chicago, Ill.

Send for the Big Bakery Book—Free.

enough to require a fully organized dispensary it has been found desirable to equip a room where first-aid treatment can be given. Such a room may be in charge of some one with first-aid training, or a trained nurse. Its use contemplates activities of a more technical character than those called for in administering the first-aid instructions noted elsewhere in this report.

To assist in the improvement and standardization of emergency treatment in industrial establishments, the Conference Board of Physicians in Industry has established minimum requirements for the size and equipment of the standard first-aid room, as follows:

A first-aid room should be not less than 9x12 feet in size, should be well lighted and ventilated, should have running water—hot as well as cold, if possible—should be provided with toilet facilities in or near the first-aid room. The light should be particularly good at the point where first-aid service is to be rendered, where an adjustable electric lamp would be very serviceable and convenient. Aside from ordinary good ventilation, it is desirable to arrange for a large inflow of air by fans or otherwise, to stimulate patients when feeling faint. The ceiling and walls should be light in color and frequently cleansed.

- 1 metal combination dressing table with drawers to hold instruments and dressings.
- 1 metal chair with head and arm rest.
- 1 metal cot stool built in combination with metal waste can.
- 1 small wooden or metal examination table with pads, with ends hinged to drop down.
- 1 stretcher, or the army type (canvas stretched over two round wood poles) or one of metal.
- 1 small instrument sterilizer arranged for electric, gas, alcohol or kerosene burner.
- ½ dozen utensils, such as arm and foot basins, 3- or 4-quart ordinary basins, 2-quart dipper, bed pan, etc.
- 1 portable first-aid outfit (see page 29).
- Appropriate instruments, including razor.
- Dressings; splints; drugs.

In practice the equipment in such a room has been found sufficient to meet the needs of a small plant dispensary. And the first treatment and redressings of minor injuries can be done here successfully by a trained nurse or physician. It will be found rather too small to care for a large number of cases daily, but in many instances it has proved adequate for the needs of the smaller establishments.

SPECIAL EQUIPMENT

Investigations show that equipment for X-ray work is found increasingly useful in industrial medical practice. With foreign bodies in the flesh, in fractures, and in dental work it is proving of great value. The psychological effect upon the employe has been found decidedly favorable, especially in cases of doubt as to the nature of the injury.

In some industrial plants, cases needing X-ray

Just as the Advertisement Said

REPORT MANY VIOLATIONS IN ELEMENTARY SCHOOLS HERE

Plan to Immediately Remedy Defects—Boiler Rooms Not Up to Standard—Eighty-seven Institutions Not Up to Specifications.

EIGHTY-TWO of Brooklyn's 180 public elementary schools contain structural defects that are violations of the Municipal Building Code and other city's eight high schools. The same applies to four of the buildings for observation.

Preparedness Against Fire in Schools Outlined by Marshal

By A. E. CARTER

Deputy Fire Marshal I have been asked to say a few words in regard to fire prevention in our schools or how to make your school safe and to protect the lives of our children.

When a fire starts in a school there is just one thing to be done. The children must be gotten out quickly and to accomplish this it is necessary that each child know exactly what to do in the emergency and do it as a matter of course. A fire drill is a necessary part of the school curriculum. While it is true that the fire drill is an advantage that the pupils will retain in the case of a fire, the main goal is to prevent catastrophes. An unusual example of this was seen at Wellesley College in 1915. One night one night in College Hall, the smoke and fire spread quickly but the quickness of the girls and the fire drill saved the building.

\$100,000 FOR FIRE SAFETY IN SCHOOLS

First Step in Protection Program Will Be Taken Within Placement of Apparatus This Week.

754 EXTINGUISHERS TO BE DISTRIBUTED

COUNTY HOME FIRE TRAP, SAYS STATE BOARD

Hospital Has Inadequate Water Pressure, Is Report.

OVERCROWDED

Fire Escape of Easy Descent Not Provided, Statement Reads

FIRE PROTECTION FOR SCHOOLS

Winter approaches and soon it will be time to start the fire in the schools. Are these buildings every one of them, equipped with fire apparatus, are parts of the fire department? Are most equipped with domestic water? Are most equipped with domestic water? Are most equipped with domestic water? Are most equipped with domestic water?

Leave it to them!

Ask any authority these questions:

In old school buildings a there danger of fire?

In old school buildings are automatic sprinklers the surest safeguard?

Do they fight fire automatically?

Does the heat of the fire start them?

Are they always on guard?

Are they the best protection for my child?

Or ask any business man in your town who has a sprinkler system.

Convince yourself by asking. But don't wait until your school burns and children pay with their lives for someone's negligence. Ask any authority.

Ask now Today!

Let us send you our remarkable booklet, "Fire Tragedies and Their Remedy." Write us now before you put aside this magazine. Address: Grinnell Company, Inc., West Exchange Street, Providence, R. I.

GRINNELL COMPANY

GRINNELL AUTOMATIC SPRINKLER SYSTEM—When the fire starts, the water starts

ELIMINATION OF FIRE HAZARDS IS CITY'S PLAN

A.L.L. public buildings in the city are to be inspected for the elimination of fire hazards. The first inspection will be made of the buildings from the street to the rear of the city.

SCHOOL FIRE ESCAPE IS BUILT OF WOOD

No. 39, Where Blast Broke Out Friday, One Of Buildings Criticized in Survey.

TWO CLASSES NOW USING EXIT

All Three Stairways in Building Constructed of Wood—No Fire Escape On Outside—Records Show Fire Filled Near Forces.

Needless Destruction by Fire

PUBLIC attention should be attracted by the remarks of Mr. E. Alfred Fleming before the convention of fire marshals in New York City last week. In his outline of details he pointed out the fact that the enormous waste and loss in the United States from preventable fires, but also the importance of a continuous campaign of education designed to reduce these losses.

Generally speaking, there is nothing new in Mr. Fleming's statement as to the magnitude of the fire losses, but relatively few deaths of 18,219 persons and loss in the United States for the injury of 17,641 others, of whom almost two per cent were mothers and children under school age.

The property losses from fire in the United States for the year 1915 were \$1,000,000,000.

Reproduction of an advertisement published last year in national magazines.

The answer was—Automatic Sprinklers!

THESE newspaper clippings could be multiplied many times. They show that Fire Chiefs of cities, Fire Marshals of many states, and other experts have been asked the question:

"Do schoolhouses burn more, colleges more, hospitals more, than other buildings?"

In public meetings these authorities say the conditions could hardly be more frightening with 47 school fires a week, 2 college fires a week, 4 hospital fires a week.

"What about our schools, our colleges, our hospitals—are they dangerous?"

In public meetings these authorities reply, after investigations, that most school buildings are dangerous.

Such was the reply given by authorities to the citizens of Brooklyn, Baltimore, Wilmington, Philadelphia, Waterbury and Rochester in the East; Minneapolis, Seattle, Los Angeles in the West.

Any city, large or small, that has not been told the same thing has not yet asked experts to investigate and report.

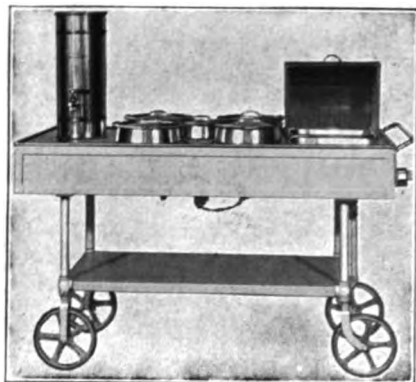
A few copies of "Fire Tragedies and Their Remedy" will start your city to asking questions. Don't wait until a burning schoolhouse has caught its little victims or a hospital has trapped helpless invalids—send for a copy today. Address Grinnell Company, Inc., 281 West Exchange Street, Providence, R. I. Send also to the National Fire Protection Association, Boston, Mass., for its books on Schools and Hospitals (ten cents each).

GRINNELL

AUTOMATIC SPRINKLER SYSTEM

When the fire starts the water starts

PORTABLE ELECTRIC STEAM TABLE



An electrically-heated conveyor, providing hot food service at the bedside. Heat is maintained by electric heating units under water compartment. Can be easily attached to any electric light socket. Equipped with



*Write for
our 1921
Catalogue.*

"WEAR-EVER" aluminum utensils, consisting of a specially designed "WEAR-EVER" Coffee Urn, four covered vegetable jars, one covered gravy jar, and two meat pans with revolving covers.

The above table, originally designed and manufactured by us in our own factory for Mercy Hospital, Chicago, is just one of the many items we manufacture and supply to Hospitals and Institutions for the preparation and serving of food.

THE STEARNES COMPANY

133-135 West Lake Street, Chicago

examination are referred to outside physicians. The natural tendency in such an agreement is to send only the more serious cases to be examined, thereby neglecting adequate injuries. Besides, this practice often proves in the end as expensive, and sometimes more costly, than the installation of an X-ray outfit. X-ray equipment is now available which combines simplicity of construction and ease of operation with a moderate price, thus making it possible for each plant to have its own. With such equipment a large number of small inquiries can be studied by fluoroscopic methods, thereby obviating the necessity for more expensive plate exposures.

SUPPLIES

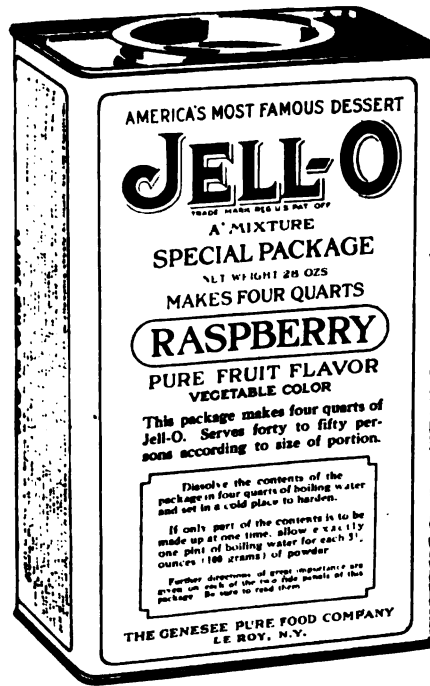
When considering the medicines and supplies necessary for the industrial dispensary, experience advises limiting the number of these to the fewest possible, both as a measure of economy and to save space. Where only emergency and first treatments for ill persons are given, one or two simple remedies for headaches, colds, constipation and associated conditions usually meet all requirements. For surgical dressings, iodine solution, a mild antiseptic such as boric acid, a stronger one such as some chlorine compound, a solution for a simple wet dressing, physiological solution (.7%) and one or two ointments, practically cover the field. If more extended medical or surgical treatment is necessary, hospitalization of the patient is indicated. The number of bandages, dressings, splints, and other appliances and instruments needed depends upon the kind and amount of work done in the dispensary.

FIRST AID OUTFITS

Where there are one or more dispensaries in a plant and these are in close proximity to the work rooms, it has been found advisable to have all injured or sick employees report to the dispensary for dressings or treatment rather than resort to first-aid measures in the work rooms. If first-aid outfits are available in work rooms, employees will frequently not visit the dispensary for treatment of small injuries but will indulge in self-treatment, which is often insufficient or of the wrong kind. Many cases of infection develop from inadequate self-treatment or from the neglect of small injuries, with the result that much more work time is eventually lost than if the injured worker had gone to the dispensary when the injury first occurred.

Sometimes plant conditions make the distribution of first-aid outfits throughout the departments advisable. In that case, however, it has been found best to locate these outfits in the office of the superintendent or foreman, and to have either these persons or their clerks properly instructed in methods of first-aid work and enjoined, above all, to give only such treatments as properly fall with-

"America's Most Famous Dessert"



The Gallon Package

PACKED in cases of twelve packages. Distributed by all Wholesale Grocers. At \$9.00 a case, each gallon of jelly may be figured at a cost of 75 cents. A liberal serving for 1½ cents for each person. Most important of all—the Jell-O standard of quality which has led the field for a quarter of a century.

Write for a free Recipe Folder

THE GENESEE PURE FOOD COMPANY

Le Roy, N. Y.

Bridgeburg, Ont.

"Clean Up—Freshen Up"

National Hospital Day, May 12

With "BURNITOL" Cleansers and Disinfectants.

"BURNITOL" Products include every necessity to place and keep your hospital in the best possible condition from the sanitary standpoint.

Patients are more comfortable and better satisfied when they see everything about them bright and clean. Visitors, whether in the kitchen, the offices or patients' rooms, are more favorably impressed.

You can **PROVE** the Value of Burnitol Products with a Trial Order, shipped subject to your approval. If not perfectly satisfactory, goods are returnable at our expense.

See What You Need In These Lists

Burnitol Cleaning Supplies

Green Soap	Soap Chips
Surgical Soap	Dish Washing
Liquid Soap	Powder
Vegetable Oil Soap	Mopping Powder
Cleanser and	Scouring Powder
Water Softener	Sweeping Com-
Bleacher and	pound
Stain Remover	Floor Dressing
Soda	Metal Polish
Soap Powder	

Disinfectants and Deodorants

Forma-Germkill Fumigators

BURNITHOL (Carbolic Coefficient 20)

Liquor Cresolis

Pine Oil Disinfectant

Liquid Cleanser
and Disinfectant

Odorless Deodorant

Drip Fluid
Toilet Cleanser
Insecticide

For Sputum Disposal

"The Safe Way is the Easy Way." Use BURNITOL Sputums Cups and Pocket Flasks—the acknowledged sanitary receptacles. "To Be Certain—Burn It All."

Send list of items in which you are interested, with your name and address of hospital, and free samples will be sent promptly.

Burnitol Manufacturing Co.

Main Office and Factory:
Everett Station, Boston, Mass.

Chicago Office:
37 N. Market St.

San Francisco Office:
635 Howard St.

in the limits of first-aid practice. The value of such an arrangement is predicated on the works physician having full charge of all of the first-aid outfits and first-aid men, and following closely the work of the latter. In one large establishment first-aid jars are placed in every department under the supervision of the foreman or clerk who has had training in first-aid work. Slight injury and the treatment given is promptly sent to the works physician so that he may keep in touch with these minor accident cases and if, in his judgement, it is advisable, have them further treated in the dispensary. By the provision of such first-aid facilities in this plant it has been found that many employees seek treatment for slight injuries who would not take time to visit the plant dispensary.

Where departments operate at night when the dispensary is closed, or where no dispensary is maintained in the plant, first-aid outfits in work rooms become a necessity.

Wherever used, first-aid outfits should be kept available in a clean place, preferably in the office of the superintendent or foreman, and they should be in charge of some employe or employes who have been instructed in the application of first-aid measures. The contents should be replenished as soon as used, and when infrequently used should be regularly inspected and deteriorated supplies replaced.

The Conference Board of Physicians in Industry has, as a result of long experience, recommended the following as a standard adequate supply of first-aid materials which covers practically all state legal requirements:

- 1 Tourniquet.
- 1 Pair scissors.
- 1 Pair tweezers.
- 1 Triangular sling.
- 1 Wire gauze splint.
- 1 Teaspoon.
- 12 Assorted Safety pins.
- 1 Metal cup.
- 1 Medicine glass.
- 2 Medicine droppers.
- 3 Paper drinking cups.
- First aid record cards.
- 1 2-oz. bottle castor oil.
- 2 3-oz. tubes burn ointment.
- 1 2-oz. bottle 3% alcoholic iodine.
- 1 2-oz. bottle white wine vinegar.
- 1 2-oz. bottle 4% aqueous boric acid.
- 1 2-oz. bottle aromatic spirits of ammonia.
- 1 2-oz. bottle Jamaica ginger (or substitute).
- 1 Piece flannel, 24 in. by 36 in.
- 1 Roll absorbent cotton (1.5 oz.).
- 1 3-in. by 10-yd. gauze bandage.
- 1 2-in. by 10-yd. gauze bandage.
- 2 1-in. by 10-yd. gauze bandages.
- 1 Spool 1-in. by 5-yd. adhesive plaster.
- 6 Sealed pkgs., 6-in. by 36-in. sterile gauze.



*Gold-Seal Battleship Linoleum
is made in both brown and green*

Out into the Sunshine—

THROUGH wards and halls roll the wheel chairs, each bearing a cheerful convalescent into the health-giving sunshine of the hospital porch.

But no rattle of wheels, no clatter of footsteps must disturb the less fortunate ward patients. The modern hospital demands quiet floors—one reason for Gold-Seal Battleship Linoleum's appeal to hospital folk.

This 100% efficient hospital floor-covering is silent and comfortable underfoot, restfully good looking, durable and very easy to keep clean and sanitary. This all-round efficiency, strengthened by an absolute, definite guarantee of satisfactory service, has gained the unqualified approval of the practical far-sighted hospital executive.

Look for this Gold Seal

"Satisfaction Guaranteed or Your Money Back" — so reads the Gold Seal Guarantee which is found pasted on every roll of Gold-Seal Battleship Linoleum.

CONGOLEUM COMPANY

INCORPORATED

Philadelphia New York Chicago Boston Kansas City Pittsburgh St. Louis
San Francisco Cleveland Minneapolis Dallas Atlanta Montreal



GOLD SEAL

Battleship Linoleum

(THE FAMOUS FARR & BAILEY BRAND)

Made According to U.S. Navy Standard



The Best Solution of This Hospital Problem

A MERICAN hospitals have learned to depend on Jewett Refrigerators for solving every hospital requirement. In leading institutions everywhere Jewett solid porcelain refrigerators are guarding foods, drugs, and serums, while large units serve the main kitchen.

The Jewett Mortuary Refrigerator solves the problem of preserving bodies in the morgue in a practical, convenient, and sanitary manner. There is a separate compartment for each body. The removable metal stretchers fit on roller-bearing slides.

During the war the Government installed Jewett Mortuary Refrigerators in many base hospitals in the United States. The New Bellevue Hospital in New York maintains Jewett Mortuary Refrigerators comprising 556 compartments. Units of any size to meet any conditions can be furnished.

The Jewett catalog and data on hospital refrigerators, collected in years of experience and study, are placed at the service of hospital authorities on request.

Some of the Leading Hospitals Using Jewett Refrigerators:

New Bellevue Hospital New York City	Harriman Industrial Corporation Goshen, N. Y.
Mt. Sinai Hospital New York City	Burke Relief Foundation White Plains, N. Y.
St. Luke's Hospital New York City	St. Paul's School Infirmary Concord, N. H.
J. Hood Wright Memorial Hospital, New York City	Municipal Contagious Disease Hospital, Chicago, Ill.
Jewish Protectory and Society Hawthorne, N. Y.	Lying-In Hospital Chicago, Ill.
Presbyterian Hospital Pittsburgh, Pa.	New Haven Hospital New Haven, Conn.
New York Orthopaedic Hospital White Plains, N. Y.	Christian Science Benevolent As- sociation, Brookline, Mass.
Perkins Institution for the Blind Watertown, Mass.	Babies' Dispensary and Hospital Cleveland, Ohio
Schuylkill Haven Asylum Pottsville, Pa.	Memorial Hospital Fremont, Ohio
Boston Consumptives' Hospital Mattapan, Mass.	City Hospital of Akron Akron, Ohio

The Jewett Refrigerator Company

138 Chandler Street

BUFFALO, N. Y.

JEWETT

AMERICA'S FINEST REFRIGERATORS

Miss Coolidge President

Cambridge Nurse Heads New England Industrial Nurses' Association; New Members

Evelyn L. Coolidge, R. N., Lever Brothers Company, Cambridge, Mass., is the new president of the New England Industrial Nurses' Association, having been elected at the fifth annual meeting of the organization in January. Other new officers are:

First Vice-President, Elizabeth Whitty, R. N., Texas Co., Providence, R. I.

Second Vice-President, Elizabeth Kob, R. N., Hockanum Hills, Rockville, Conn.

Recording Secretary, Mrs. Louise H. Munro, R. N., Holtzer Cabot Co., Roxbury, Mass.

Corresponding Secretary, Henrietta G. Lawrence, R. N., Simplex Electric Heating Co.

Treasurer, Florence L. Berry, R. N., Florence Mfg. Co., Florence, Mass.

Recent additions to the Association include the following: Leone A. Field, R. N., Health Service Department, Jordan Marsh Co., Boston.

May Carmody, R. N., Milton Bradley Company, 41 Cross St., Springfield, Mass.

Mary Lyons, R. N., George Close Company, 243 Broadway, Cambridge, Mass.

Alice McKinnon, R. N., Health Service Department, Jordan Marsh Company, Boston.

Katherine F. Casey, R. N., Dennison Manufacturing Company, Worcester, Mass.

The February meeting of the Association was held February 12 at 3 Joy street, Boston, at which the principal speaker was Claire W. Butler, R. N., Social Service Department, Boston Psychopathic Hospital, whose topic was "Mental Hygiene and the Industrial Nurse."

The Association meets on the second Saturday of each month from October to June, inclusive.

At the annual meeting about 100 members and guests sat down to dinner. At the head table were the officers and the guests of honor, Mary Beard, R. N., Director of the Boston Instructive District Nursing Association, and former president of the National Organization for Public Health Nursing, Esther Dart, R. N., president of the Massachusetts State Nurses' Association, and Josephine E. Thurber, R. N., superintendent of the Cambridge Hospital.

After the dinner the annual meeting was held, Miss McCarthy, president, in the chair. Forty-three active and fourteen associate members were admitted during the year, the membership now being almost 200. Mrs. Staebler then gave a history of the Association from its organization in 1917 with eleven charter members. Ten-minute addresses were given, "The Place of the Industrial Nurse in the Public Health Movement," by Mary Beard, R. N.; "Nutrition in Industry," by Florence L. Berry, R. N., and "The Public Health Nurse in the Department Store," by Ellen Atchison, R. N., assistant personnel director, Jordan Marsh Company, Boston.

Chicago Industrial Nurses Meet

A talk by Dr. W. A. Johnson of the Municipal tuberculosis sanatorium featured the monthly meeting of the Chicago Industrial Nurses' Club March 2. Organization and administration methods of the institution were discussed in detail by the speaker. Jennie Mae Kelley, R. N., secretary, announces the following additions to membership:

Anna C. Carlson, Benjamin Electric Company.

Janet Beaton, Chicago Tribune.

Gertrude Briggs, Iroquois Iron Company.

Eva Jennings, Hodgmann Rubber Company, Tuckahoe, N. Y., was accepted as an associate member.

The Chicago club has joined the National Organization for Public Health Nursing as a corporate member.

NOTICE

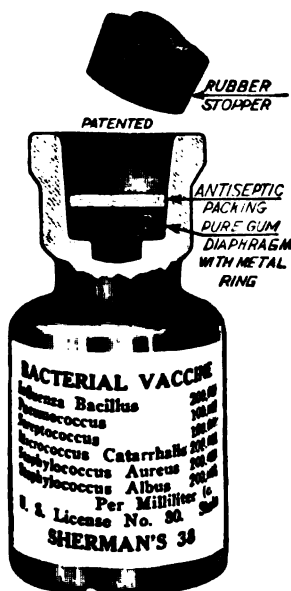
SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW
10 MIL. (C.C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.



Twenty Preparations.
Beyond the experi-
mental stage.

Millions of doses have
Been administered.

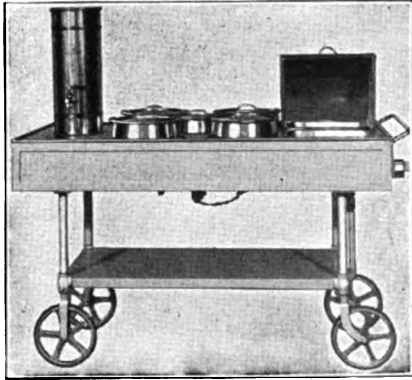
The largest producers of
Stock and Autogenous
Bacterial Vaccines

MANUFACTURER
OF
BACTERIAL VACCINES

G. H. SHERMAN, M.D.
Detroit, Mich.
U.S.A.

"Sherman's Vaccines are Dependable Antizens"

PORTABLE ELECTRIC STEAM TABLE



An electrically-heated conveyor, providing hot food service at the bedside. Heat is maintained by electric heating units under water compartment. Can be easily attached to any electric light socket. Equipped with



Write for
our 1921
Catalogue.

"WEAR-EVER" aluminum utensils, consisting of a specially designed "WEAR-EVER" Coffee Urn, four covered vegetable jars, one covered gravy jar, and two meat pans with revolving covers.

The above table, originally designed and manufactured by us in our own factory for Mercy Hospital, Chicago, is just one of the many items we manufacture and supply to Hospitals and Institutions for the preparation and serving of food.

THE STEARNES COMPANY

133-135 West Lake Street, Chicago

Correlates Welfare Work

Pawtucket Company Links Accident Prevention, Health, Safety and Medical Services of Plant

By Guy Walter Weymouth, Director, Accident Prevention, Health, Safety and Medical Service of the H. & B. American Machine Co. Pawtucket, R. I.

Accident prevention, health, safety and medical service at this plant are very closely correlated and go hand in hand save that Safety First and Accident Prevention form by far the most important front guard and thus eliminate much of the otherwise necessary medical service.

We always keep our watch towers of Accident Prevention and Accident Cause Investigation well manned and guarded. Every accident is thoroughly investigated, a careful report compiled and any suggestions for safety measures are incorporated in it and the matter taken up and thoroughly digested at our monthly Safety Council meetings. We are fortunate in having as chairman of our Safety Committee our Assistant Superintendent, for because of it safety measures decided upon are executed without delay.

We are ever vigilant in preaching safety. The first notice that an applicant sees when applying for work at the plant is to the effect that we do not want and will not have careless people in our employ. And this is lived up to. An habitually careless workman is a liability that this firm does not care to entertain.

As members of the National Safety Council we keep safety and the results of the neglect of safe practices constantly before our men by the medium of bulletins posted weekly throughout the shop. Workmen are encouraged to submit suggestions for safety through the medium of the shop Suggestion Box. We also issue a shop paper and through its columns can and do do much to bring the problem of safety home to our men. We also run each month a page article of pertinent health suggestions and general medical advice which ought to be in the layman's hands.

Our medical service consists of efficient first aid. A full time trained male nurse is employed. All accidents requiring physician's services are provided with the best medical attention available. Eye cases are referred to an eye specialist.

Our First Aid Room is centrally located in the plant and is fitted to render efficient and immediate first aid to all employees which in normal times number about 1,100 men.

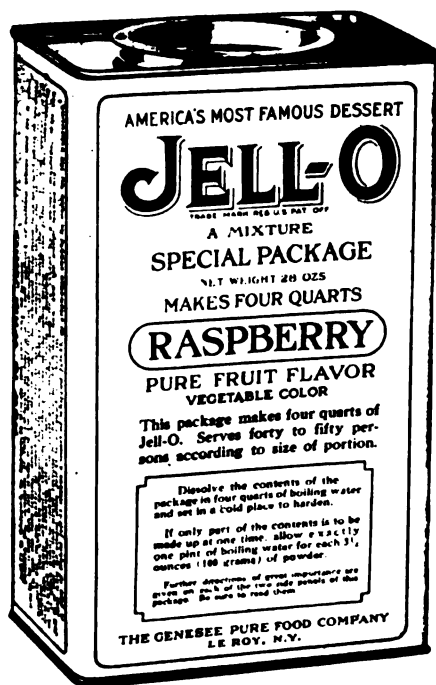
Treatment here is laid out with definite plan which is strictly followed. All scratches, wounds, abrasions are treated with a 5 per cent sol Dichloramine T, and we have never had an infection where this was applied at time of accident or within reasonable time after accident. First aid treatment of burns consists of the Amberine wax treatment which is found highly satisfactory. Septic cases are put under the Carrell-Dakin treatment and good results are always obtained. Our equipment is not elaborate, but adequate, substantial, and the measures of asepsis are rigidly in force.

A record card is kept of every patient. Usually one card does for a year as there is space for subsequent entries after the first visit.

We find it profitable to keep in very close touch with our men, especially workmen who are absent from their work. Through the medium of our service department all men out on and after the third day of absence are visited. Any sick are reported to our dispensary and these cases are taken up by the nurse in charge.

In offering any criticism of first aid stations in industrial concerns visited, the things which I have observed as open to criticism from my viewpoint were:

1. Lack of compactness and generally poor arrangement



GALLON PACKAGE

THE EASY AND SURE WAY FOR THE NURSE

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

Such a dish may be called a salad or a dessert and be very good as either. If served as a salad, Mayonnaise or other salad dressing goes with it.

As made of Jell-O, which contains all the ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck. She can easily and surely accomplish what she used to do with tedious detail and with qualms as to the outcome.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.





*The
Symbol
of
Sanitary
Efficiency*

*"To be Certain—
Burn-it-All"*

The deadliest method of destroying
infectious organisms.

BURNITOL

Represents the Foremost Producers
of

Sputum Cups
Sputum Cup Holders
Pocket Sputum Flasks
Paper Cuspidors
Hemorrhage Boxes
Paper Doilies
Crepe Tray Covers
Paper Bags
Paper Napkins
Paper Drinking Cups
Paper Baking Cups
Paper Towels
Toilet Paper

All shipped subject to the individual
purchaser's approval

Maintaining consistent dependable
quality has made **BURNITOL** sec-
ond to none in the distribution of
Tubercular, Institutional and Sani-
tary Supplies

FREE SAMPLES

Check the items in which you are inter-
ested. Write your name and address of
Hospital on the margin and mail to us
today for your free samples.

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Main Office and Factory:
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635 Howard St.

of layout; much time lost in going from one end of the room to the other for bandage, again for shears, again for compress, again for adhesive, etc.

2. Lack of interest and indifference to claims of patients. First aid duty is not the place to do embroidery or write personal letters at the expense of waiting patients. It robs both the company and its men of time and money. If workmen, and particularly workmen who are piece workers, have to wait for extended periods for the pleasureable whim of the nurse to attend them they are going to take a chance with the cut rather than waste time to prevent possible infection.

3. Several first aid rooms visited have seemed to have no definite plan of procedure for treatment, but were constantly experimenting one day using iodine as an antiseptic the next day perhaps it would be phenol that would be in favor. We have found that it is a decided advantage to find the best and most generally used antiseptic and stick to it.

Illness Costs \$321,815

**That Amount Lost in Wages by Workers
in New York State, Investigation Shows.**

A preliminary statement of the results of an investigation of the amount of sickness among New York State factory workers has been announced by the State Industrial Commission. The investigation was undertaken during the last half of 1919 by the Associated Industries of New York State to determine the actual loss in time and wages on account of sickness.

The records of 143 manufacturers, with nearly 77,000 employees, were included in the tabulation. The total number of cases of sickness lasting three days to six months was 8,761 for the half year—an average of 114 cases per thousand employees covered, or a monthly average of 19 cases per thousand.

Sixty per cent of all cases reported lasted from three to six days. Only 10 per cent were of more than three weeks duration. The amount and value of working time lost on account of sickness, of course, shows a different distribution. The 60 per cent of cases mentioned above involved only 26 per cent of the total loss of working time and of wages. Nearly 50 per cent of the total number of days lost and of the total loss in wages was involved in cases of sickness lasting over 14 days, and 15 per cent in cases of more than two months duration.

The total loss of working time involved in the 8,761 cases of sickness was 84,665 days and the loss in wages was \$321,815. This makes an average loss of approximately 10 days in working time and \$36.73 in wages for each case of sickness.

The average amount of time lost by each of the 77,000 factory workers on account of sickness was slightly over one day for the six months period of the investigation; the corresponding average loss in wages was \$4.20. Figures contained in this summary, it should be noted, do not cover sickness of less than three days or more than six months duration.

The annual loss of time per employe on account of sickness would probably be greater than double the figure given above for six months, as it is usually the case that the prevalence of respiratory diseases and epidemics of the late winter and early spring make the amount of sickness for the first half of the year somewhat greater than the amount for the last half.

No comparisons can be made with other estimates of the per capita time loss caused by sickness, which range from five to ten days per year, without taking into account the fact that this investigation covered people who were practically all able-bodied adults, whereas most other investigations have

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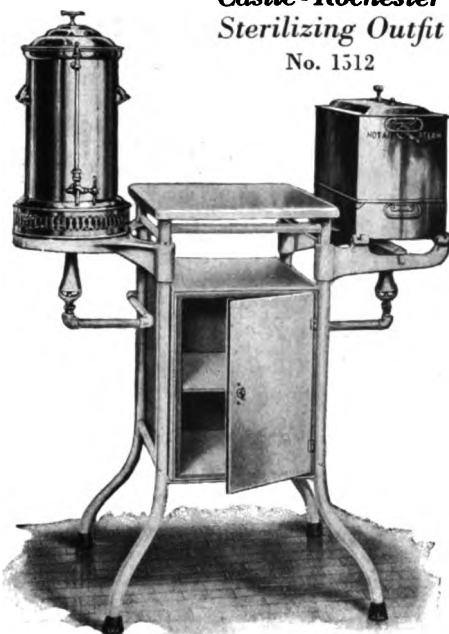
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M. D.; "In Relation to the Patient," T. E. Costain, M. D.; "In Relation to the Medico-legal Aspect," J. E. H. Atkeisson, M. D.; General discussion.

This society meets the second Monday evening of each month at the above address. All interested are cordially invited.

Plan Indiana State Association

A meeting for the purpose of organizing an Indiana State Hospital Association will be held at the Hotel Fowler, Lafayette, April 27 and 28. Every one interested is urged to be present. Anna Medendorp, R. N., superintendent, Lafayette Home Hospital, is one of the organizers of the association.

Michigan Association of Therapists

The Michigan Association of Occupational Therapy has been formed for the purpose of developing the professional work in the state and of providing a bureau for therapists. The Association meets on the second Tuesday of each month at Newberry House. At a recent meeting there was an exhibit of craft articles and designs. Camilla B. Ball, director of the educational department, committee of the handicapped, American Red Cross, is an officer of the Association.

Oklahoma Hospital Association

The following is a tentative program of the meeting to be held on the night of May 18 at McAlester by the Oklahoma Hospital Association:

Invocation.

Address by President, Dr. Fred S. Clinton, Oklahoma Hospital, Tulsa.

"More Hospitals, Bigger and Better Hospitals, a Health Necessity," by Dr. C. M. Rosser, professor of surgery, Baylor University College of Medicine, Dallas, Tex.

"Some Remarks on the Functions of the Hospital," by Dr. LeRoy Long, Dean and Professor of Surgery, Oklahoma University Medical College, Oklahoma City, Okla.

Hospital Social Workers Meet in June

The American Association of Hospital Social Workers will meet in Milwaukee the third week in June at the time when the National Conference of Social Work will be held. According to the Bulletin of the Association two meetings of the A. A. H. S. W. are planned for June 22. Through Miss Edith Habbe, director of social service of the Children's Hospital, Milwaukee, the Association has been asked to make that hospital its headquarters during the conference.

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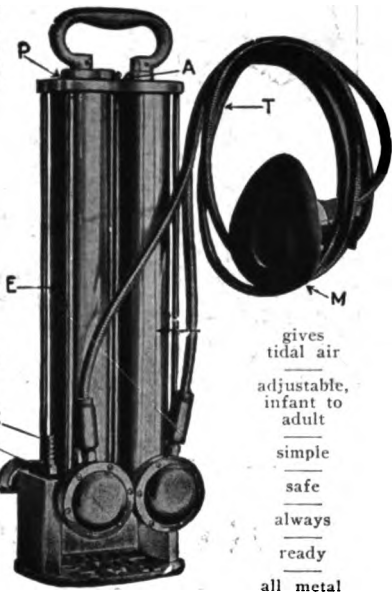
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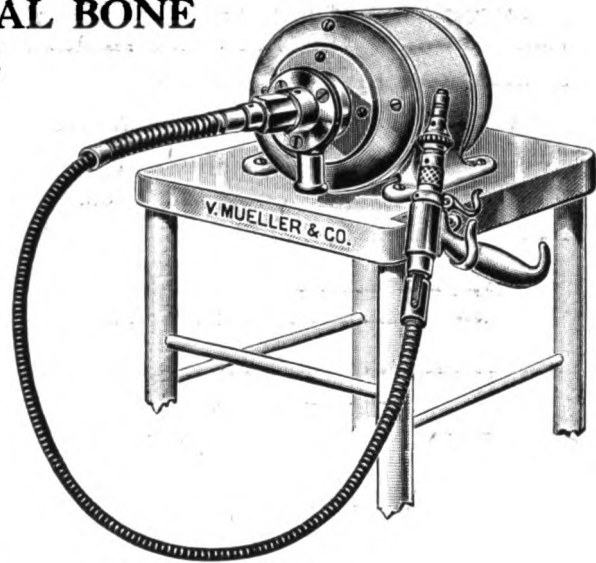
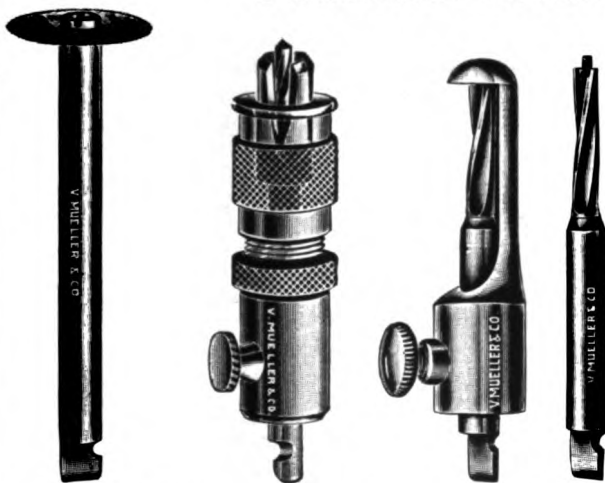
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The Colson Company

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Colson "Zones of Quiet" are the finest ball-bearing rubber-tired hospital wheels perfected.

Association News

(Continued from page 43)

Ruth Wheeler is chairman of the Section on Education; Rena Eckman is chairman of the Section on Dietotherapy, Lucy Gillette, 105 E. 22nd St., New York, N. Y., is chairman of the Section on Social Welfare and Mary Lindsley, 62 Early St., Morristown, N. J., is chairman of the Section on Administration.

The news of the selection of Chicago was enthusiastically received by members of the Chicago Dietetics Association at their regular monthly meeting at 22 East Ontario street February 18, according to Miss Breta Luther, secretary, who announced that the Chicago Association is to be hostess for the national organization during the convention. Discussion of the convention occupied a great deal of time at the meeting at which an interesting talk by Dr. Woodyatt of Rush Medical College was the principal feature of the program. Dr. Woodyatt spoke on newer phases of diabetes and described treatment as used at Presbyterian Hospital.

Recent additions to the membership list of the American Dietetic Association include:

Bielby, Katherine, Psychiatric Institute, Morristown, N. J.
Bowers, Margaret, University of Indiana, Bloomington, Ind.
Bryson, Eleanor, State Normal School, Minot, N. D.
Campbell, Jessie, Mass. General Hosp., Boston, Mass.
Chappell, Edna, 224 Bay St., Taunton, Mass.
Chown, Dorothy, Sunnyside, Kingston, Ont.
Clarke, Helen, Minnequa Hosp., Pueblo, Colo.
Clitter, Mrs. B. C., N. Y. Telephone Co., New York, N. Y.
Cruikshank, Olive, McDonald Institute, Guelph, Ont.
Colwell, Rachel, University of West Va., Parkersburg, W. Va.
Diefenderfer, Mary, Apt. 34, 136 Morningside Drive, New York, N. Y.

Dimond, Blanch, Mass. General Hospital, Boston, Mass.
Dixon, Katherine, Homestead Hospital, Homestead, Pa.
Dresser, Mrs. Alice, Food Economy Kitchen, Boston, Mass.
Edwards, Alice, University of Illinois, Urbana, Ill.
Edwards, Bertha, 435 W. 119th St., New York, N. Y.
Elliott, Sara, U. S. P. H. S. Hospital No. 25, Houston, Texas.
Fargo, Elsa, 2781 Euclid Heights Blvd., Cleveland, Ohio.
Feld, Anita, Mt. Sinai Hospital, Milwaukee, Wis.
Gehman, Anna, Aultman Hospital, Canton, Ohio.
Guard, Lucy, Cincinnati Gen. Hospital, Cincinnati, Ohio.
Hill, Norma, University of West Va., Parkersburg, W. Va.
Hooker, Helen, Presbyterian Hospital, Pittsburg, Pa.
Hopkins, Marion, 600 Lexington Ave., New York, N. Y.
Howard, Vera, Bellevue Hospital, New York, N. Y.
Howard, Winifred, Eitel Hospital, Minneapolis, Minn.
Howie, Mrs. John, Hotel Touraine, Buffalo, N. Y.
Keegan, Louise, Ithaca City Hospital, Ithaca, N. Y.
Kelton, Lucy, Larkin Soap Co., Buffalo, N. Y.
Knutson, Lena, Fairview Hospital, Minneapolis, Minn.
Lambert, Amelia, 164 Freemont St., Worcester, Mass.
Lewis, Mayme, Foote Hospital, Jackson, Mich.
Lyford, Carrie, Hampton Institute, Hampton, Va.
MacPhagden, Margaret, 1255 E. Eighth St., Brooklyn, N. Y.
McFall, Harriet, Homeopathic Hospital, Pittsburg, Pa.
McKeon, Marie, 1740 Goodrich Ave., St. Paul, Minn.
Maryott, Alma, 2715 R St., Lincoln, Neb.
Meckinson, Emma, Homeopathic Hospital, Rochester, N. Y.
Minot, Mary, U. S. P. H. S. Hosp. No. 49, Philadelphia, Pa.
Montgomery, Robena, Sherbrooke Hospital, Sherbrooke, Que.
Muth, Eleanor, Lititz, Pa.
Nettleton, Bertha, 438 W. 116th St., New York, N. Y.
Phillips, Beulah, Morse Hospital, Natick, Mass.
Pope, Helene, Carnegie Institute, Pittsburg, Pa.
Prochnow, Leone, Goodman, Wis.
Quarve, Edith, 469 S. Ogden, Denver, Colo.
Schneider, Esther, Barnes Hospital, St. Louis, Mo.
Segner, Esther, Iowa Methodist Hospital, Des Moines, Iowa.
Sherwood, Elizabeth, 185 Spadina, Toronto, Ont.
Simmonds, Nina, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Md.
Sloan, Lottie, Lane and Stanford Hospitals, San Francisco.
Smith, Margery, Dietetic Bureau, Boston, Mass.
St. Louis, Sr., Emergency Hospital, Kankakee, Ill.
Stewart, Dorothy, University of Mich. Hosp., Ann Arbor, Mich.

Schairer, Eva, University of Mich. Hosp., Ann Arbor, Mich.

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NO. 9

Boston, Mass.

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AN INTEGRAL FEATURE of hospital standardization is the keeping of accurate case records. In January, 1919, The American College of Surgeons, with the advice of a large group of surgeons and hospital workers, completed the preparation of a series of case record forms designed to meet the needs of general hospitals.

The Faithorn Company was authorized to print and offer for sale these forms with the stipulation that the workmanship and price should be right and the quality of paper such as would insure permanency of the records.

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Stirling, Grace, Mass. Homeopathic Hospital, Boston, Mass.
Strathbucker, Louisa, 1339 H St. N. W., Washington, D. C.
Sweeney, Mary, Mich. State Agri. College, Lansing, Mich.
Tanner, Elsie, 235 E. 57th St., New York, N. Y.
Taft, Violet, Conn. Agri. College, Storrs, Conn.
Terry, Mary Theresa, 255 W. Main St., Norwalk, Ohio.
Thomas, Clara, Conemaugh Valley Hospital, Johnstown, Pa.
Thomas, Gertrude, University of Minn. Hosp., Minneapolis.
Tichener, Helen, Cortland Forging Div., Cortland, N. Y.
Treen, Daisy, 39 Charles St., Boston, Mass.
Ward, Frances, Buffalo Normal School, Buffalo, N. Y.
Wardall, Ruth, University of Iowa, Iowa City, Iowa.
Wardell, Emma, University of Illinois, Urbana, Ill.
Curfman, Laura, General Hospital, Minneapolis, Minn.
Hauck, Helen, 935 Dayton St., Cincinnati, Ohio.
Merkle, Annie, Tidionte, Pa.
Oliver, Quindara, Whittie Hall, Columbia University, New York, N. Y.
Sandwall, Alzira, Dept. of Health, Boston, Mass.
Vail, Ruth, Passavant Hospital, Pittsburg, Pa.
Wilson, Louise, Cass Technical School, Pittsburg, Pa.
Winger, Effie May, Cottage Hospital, Santa Barbara, Cal.

N. L. N. E. Program Ready

The program for the annual convention of the National League of Nursing Education, which will be held at the Hotel Muchlebach, Kansas City, April 11, 12, 13 and 14, has been issued in tentative form as follows:

MONDAY, APRIL 11

Executive Board—Advisory Council—Committees.
10 A. M.—Executive Board meeting.
2-4 P. M.—Advisory Council meeting.
4-5:30 P. M.—Special Committee meetings.
8 P. M.—Opening Session—Anna C. Jamme, President, presiding.
Invocation—Dr. Arthur Braden, Pastor of the First Christian Church.
Address of Welcome—Henry M. Beardsley, Kansas City.
Response and Address of Welcome—Anna C. Jamme, President, National League of Nursing Association.
Address—"Training for Leadership"—Professor Charles A. Elwood, University of Missouri, Columbia.

TUESDAY, APRIL 12

8-9 A. M.—Round table.
"Membership Obligations and Responsibilities"—Chairman. Laura Logan, University of Cincinnati.
8-10 A. M.—Registration of members.
9-12:30 A. M.—Opening Business Session—Anna C. Jamme, presiding; reports of officers; reports of standing committees. Discussion.
2-5:30 P. M.—Business Session Continued—Reports of standing committees; reports of state leagues; report of Army School of Nursing (by request of N. L. N. E.)—Julia C. Stimson, Major, Superintendent Army Nurse Corps; unfinished business; new business; appointment of resolutions committee.
8 P. M.—Open Meeting—"Main Issues of the Year in the Field of Nursing"—Louise M. Powell, University of Minnesota, presiding. "Hospital Supervision," Miss Mary C. Riddle; "Training School Supervision," Mrs. Ethel Clark, University of Indiana; "Teaching Departments," Miss Isabel M. Stewart; "Hospital Management from Point of View of Board of Managers," Henry Lambert; "Public Health Nursing," Miss Edna L. Foley, President N. O. P. H. N.; "The New Interest in Nursing Education in Some Other Countries," Miss Clara D. Noyes.

WEDNESDAY, APRIL 13

8-9 A. M.—Round Table—Problems Relating to the Social Life of the Training School. Personnel, including executives, teaching staff, students and sub-departments. Grace Allison, Lakeside Hospital, Cleveland, Ohio.
8-10 A. M.—Registration of members.
1-3 P. M.—Round Table—Chairman to be announced. Teacher Shortage—Causes and Remedies.
1-3 P. M.—Round Table—Chairman, Elizabeth Miller, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa. Frequent Changes in Heads of Training Schools—Causes and Remedies.
3 P. M.—Automobile ride.
8 P. M.—Banquet at Hotel Muchlebach.

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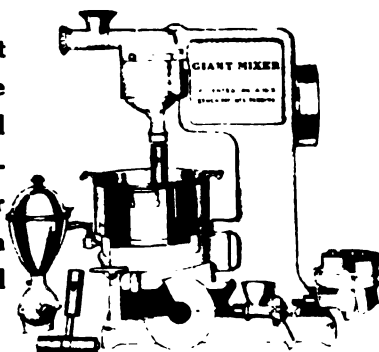
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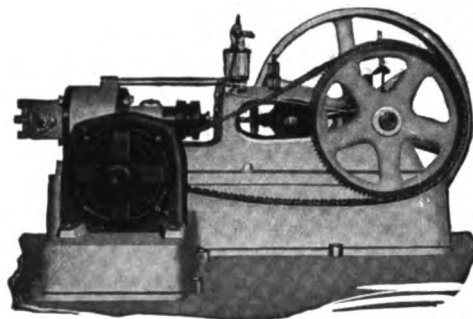
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THURSDAY, APRIL 14

8-9 A. M.—Round Table—Chairman, Susan A. Watson, Instructor, Barnes Hospital, St. Louis.

Problems Relating to the Health of the Students.

9-1 A. M.—Training School Development from the Standpoint of the Instructor—Chairman, Miss Blanche Pfefferkorn, University of Cincinnati.

2-6 P. M.—Training School Development from the Standpoint of the Principal—Chairman, Miss Sara Parsons.

8 P. M.—Closing Meeting—Anna C. Jamme, presiding; unfinished business; special reports of committees; reports from chairmen of round tables; progress and policy for work for the coming year, Miss Jamme; report of resolutions committee; report of tellers.

FRIDAY, APRIL 15

9 A. M.—Legislation and Inspection of School of Nursing—Miss Roberta West, chairman.

North Carolina Program

Dr. John Q. Myers, secretary-treasurer, has announced the program for the North Carolina Hospital Association meeting at Pinchurst, April 26, as follows:

Presidential address, Dr. James M. Parrott, Kinston.

"Training Schools as Educational Institutions," Miss Effie Cain, R. N., secretary, N. C. Board Examiners for Trained Nurses.

"Hospital Records, The Highsmith Hospital," Miss E. A. Kelly, Fayetteville.

"Development of Public Health Nursing and the co-operation with the Local Hospital," Miss Columbia Mund, Consolidated Boards of Health, City of Wilmington and New Hanover County, Wilmington.

"The Advantage of a Full Time Instructor to the Training School," Miss Virginia O. McKay, James Walker Memorial Hospital, Wilmington.

"Some of the Problems Confronting the Future Semi-Private Hospital," Dr. J. F. Highsmith, Highsmith Hospital, Fayetteville.

"Some Constructive Criticism of Hospital Management in North Carolina," Dr. Thomas M. Jordan, State Hospital, Dix Hill, Raleigh.

"Hospital Records Illustrated," Dr. J. W. Long, Greensboro.

"Special Training for Nurses," Dr. Wade H. Anderson, The Moore-Herring Hospital, Wilson.

"The Value of the Small Hospital to the Community," Mrs. Walter Hughson, General Manager, Grace Hospital, Morganton.

Ohio Meeting May 16-20

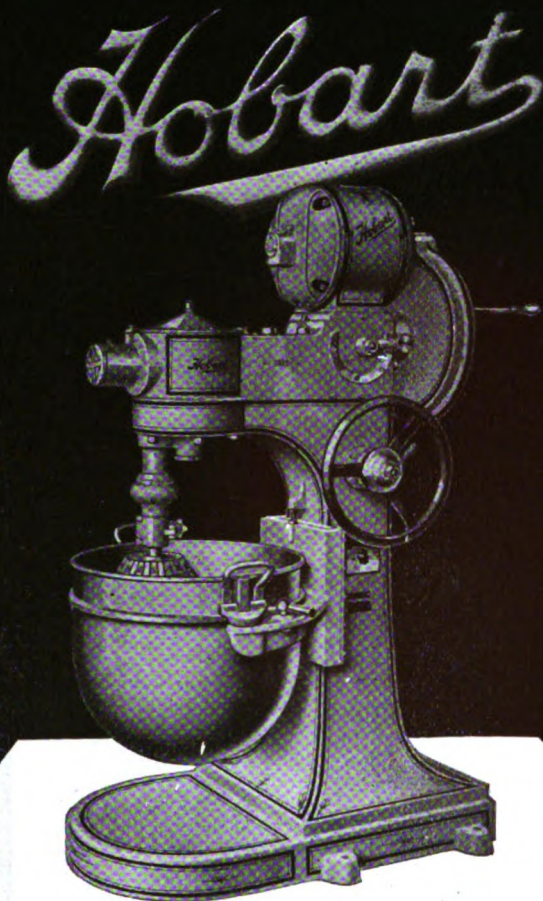
The annual meeting of the Ohio Hospital Association will be held at the Hotel Winton, Toledo, May 16 to 20, inclusive, according to a recent announcement by Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, executive secretary of the association. Details of the program are being worked out and indications are that it will surpass even the interesting and practical discussions that have featured every meeting of this pioneer organization. P. W. Behrens, superintendent, Toledo Hospital, Toledo, is president of the association.

Oklahoma Meeting May 18

The annual meeting of the Oklahoma Hospital Association will be held at McAlester, May 18, according to a recent announcement by Dr. Fred S. Clinton, president, Oklahoma Hospital, Tulsa, and president of the association.

U. S. Opens 9 Hospitals

In the six weeks preceding February 15, nine hospitals for soldier patients were opened by the U. S. Public Health Service. Of these, four are buildings that have been leased from their owners. The others are army hospitals, built hurriedly during the war, that have been taken over and put into as good condition as possible.



Wonder Workers in the Hospital Kitchen

HUNDREDS of hospitals are making remarkable savings with the "Hobart Electric Workers," which do all mixing, whipping, beating, chopping, grinding and other kitchen drudgery, enabling them to use their high priced help for more important things.

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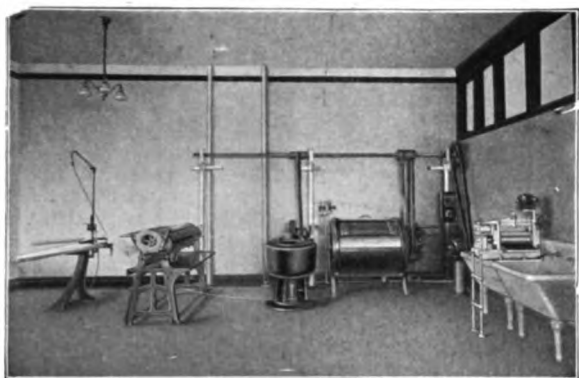
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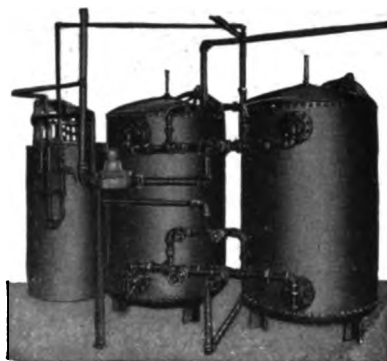
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Use "Hospital Heavy" Cellosilk

For all wet and moist dressing coverings, Non-adherent drainage material, Non-adherent transparent impervious dressings over burns, sutures, etc.

The "Hospital Heavy" rolls are 18 in. wide by 4 yds. long, \$2.75. The same material is prepared in "Hospital" rolls (light weight), \$2.25.

ORDER SUPPLY THROUGH ANY SUPPLY HOUSE

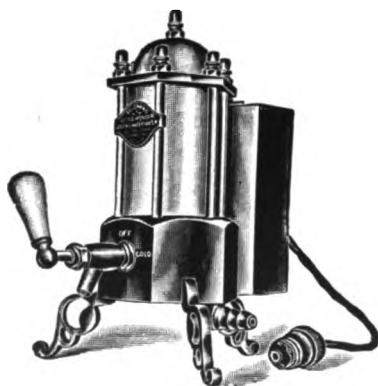
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Continuous flow of hot water as desired, "INDISPENSABLE" for Private Homes, Doctors, Dentists and Hospitals. No extra wiring unless desired, can be attached to the ordinary socket.

Hot water running always. Where you want it and When you want it without COAL—GAS—OR FIRE, wherever you have water and electricity.

Turn handle to right—Cold Water.

Turn handle to left—Hot Water.

Made for 110 volts—A. C. or D. C.
Weight of Heater, 12 lbs. Portable or Stationary

Write at once for Catalogue

**NATIONAL ELECTRIC WATER
HEATER CORP.**

42nd and Broadway

New York City, N. Y.

TIMES BUILDING

Prophylactic Colony in Palace

(Continued from page 41)

tasks hour after hour in the rooms of a school building, nor would the instruction be of great profit unless a special school be prepared for them, with new methods, and without severe discipline, i. e., without continuous hours at a desk—strained memory work, strained positions, etc. This school has been provided:—a school in the open, analogous to those founded in other countries with such good results. This outdoor school at the Prophylactic Colony begins as soon as the Spring days permit.

In the magnificent park surrounding the palace, under the thick shade of century-old trees, have been prepared two ample cement platforms, where the children in mild weather continue their schooling with profit to both spirit and mind.

I don't intend to dwell in detail on the life at the Colony for most of my readers are familiar with life in such an institution—but simply say that the life of the little ones is lived as far as possible outdoors in happy and playful festivities—with the agreeable games and practices of Boy Scout fame; woodcraft, ball, and a variety of other outdoor sports.

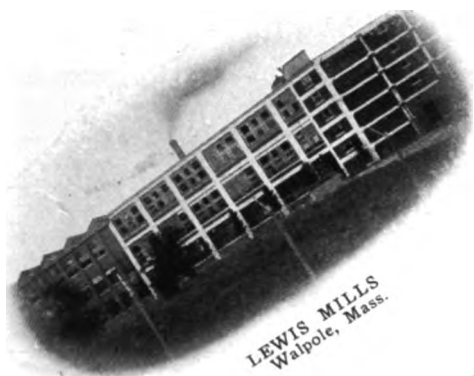
Two large gardens or parks, one free from the morning glare, the other from the afternoon sun, permit this outdoor life during the entire day and in almost all seasons.

Nor must I delay to mention the rest room and bathing equipment and the lavatories where each little colonist bathes and cleans himself each morning and evening with scrupulous care. These facilities are placed conveniently in relation to the ample airy dormitories with their long rows of tiny white-covered beds.

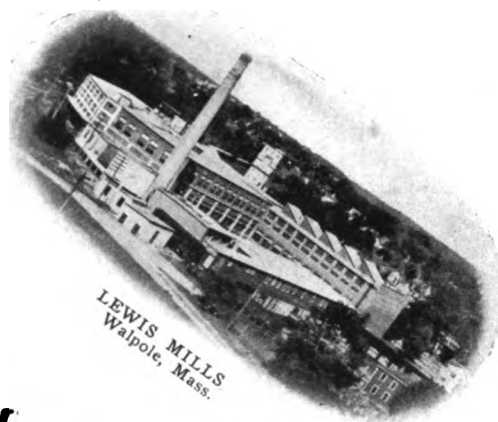
During the bathing and washing operations, the closest observation is maintained to prevent any exchange of supplies; toothbrushes for example, and after their use to see that they be restored to their proper receptacles, together with the individual cake of soap. This receptacle is marked with a number and each of the pieces of the child's linen and clothing bears the same number.

The problem of the linen is a serious one for the Colony for the children need frequent changes, not only because they rapidly outgrow their clothes, but because of the frequent laundering, so as to instill into their little minds from childhood this fundamental truth, that cleanliness of person is an essential of health.

The linen and clothing is provided and kept in repair by a committee of society ladies of Turin at the head of which is the persistent and tireless Signora Scolari, one of the most active of the Ladies' Committee which under the effective presidency of a lady of the nobility, Princess Laetitia of the House of Savoy and Napoleon, the Duchess of



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Walpole, Mass.



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Curity

Hospital Products

made for you in these thoroughly modern, clean, sunlight buildings.

• Absorbent Gauze
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Absorbent Cotton
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Hospital Pads

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Write for samples of colors 214 and 204 in Tinted Cambric and colors 33 and 48 in Chouaguen Opaque, which have been analyzed by municipal chemists and adopted by many hospital authorities.

Just the Proper Light

TO SOOTHE the patients' nerves, a hospital room must afford *restful* light. And light, to be truly restful, must not only be of exactly the proper amount, but it must also be correctly and evenly distributed.

Such perfect light control is attained thru the use of Stewart Hartshorn shade equipment. Mounted on their sturdy two-way rollers, with features of construction so perfected that they cannot "jam" or slip, Hartshorn shade equipment makes possible an accurate gradation and distribution of light.

Distributed by converters throughout the entire country.

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**SHADE ROLLERS AND
WINDOW SHADE FABRICS**

STEWART HARTSHORN CO., 250 FIFTH AVENUE, NEW YORK

"An Eye for an Eye"

This old Mosaic law gave way to the nobler sentiment of the brotherhood of man.

Never was there a more universal effort to preserve the public health and thus prolong the human life than now. The hospital of today is not a thing within four walls, it is a state of mind, constantly seeking for quicker, better and more efficient ways of alleviating the ills of mankind.

Perhaps that's just another reason why the country's *leading* hospitals and institutions are among the list of satisfied users of



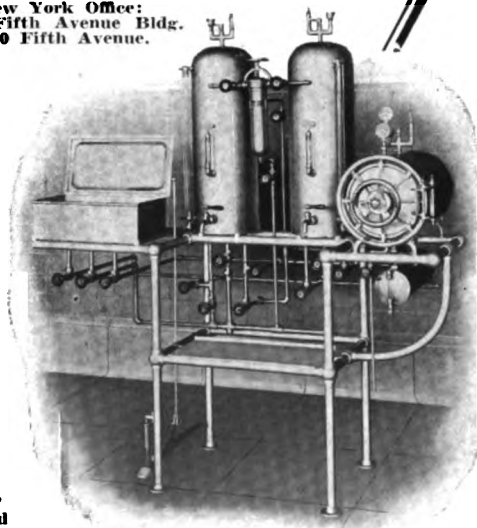
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For over a quarter century every ounce of endeavor has been used to make the "AMERICAN" an apparatus embodying every essential for safety, efficiency and economy, until today it has attained a standard by which others are judged.

If you have a sterilizer or disinfecter problem, we shall be glad to mail descriptive bulletins, together with a list of users.

American Sterilizer Company Erie, Pa.

New York Office:
1263 Fifth Avenue Bldg.
200 Fifth Avenue.



"American"
Steam Heated
Combination
Outfit

Aosta, gives such valuable aid and impetus to this beneficent institution.

The income for this Colony of little ones comes from several sources. There is one endowed bed, in memory of Dorina Begg who was herself a victim of the White Plague. The other sources of revenue, which give a secure basis to the finances are: the annual help of the Ladies' Committee, the contributions of the Ministry of the Interior; the Piedmont Hygienic Society; the Savings Society; the Pious Work of St. Paul; the Chamber of Commerce and other institutions, commercial and philanthropic; and in addition to the splendid palace contributed by the municipality, it also subscribes a substantial sum each year amounting to 130,000 lire annually.

The National Board of Health of Italy, in addition to its regular contributions and help, has given the Colony four portable cottages which permit the Colony to undertake another form of assistance for little folks, i. e., heliotherapy. The children of the elementary schools, of tubercular parentage may now enjoy during the vacation periods, besides an outdoor life and wholesome food, a rational sun and air cure.

For the children chosen, this Heliotherapeutic Colony represents a sort of earthly paradise with all its joys and happiness. The human flower, wrote Michelet, is of all flowers the one most dependent on air and light. And this need of the little human flower, besieged and contaminated by our vitiated and bacillus-filled environment cannot better be provided for than by such an institution as the Prophylactic and Heliotherapeutic Colony, with its open-air school, woods and park. In other words, far from the crowded contagious districts of a great city.

Its method of attack is not new, but sympathetic, active and responsive in every way to the fourfold purpose of an antitubercular campaign:—prophylactic, curative, educative and intelligent. In this manner it is sought to reach those who by reason of the unfortunate and perilous situation created for all children of our crowded tenement districts, are especially liable to become victims of the unhygienic conditions in this forced civilization of ours.

Institutions like this Prophylactic Colony of Turin where the weak child may breathe in fully and deeply, health and vitality, impose themselves on the society, as a social necessity to avert the danger which threatens the children of tubercular parents, weakened often also by slum conditions, and to fight wisely, effectively, and let us hope victoriously against the Great White Plague.

\$25,000 for Trudeau Sanatorium

Trudeau Sanatorium, Saranac Lake, N. Y., will receive \$25,000 from the estate of Mrs. Elizabeth Anderson of New York who was a generous contributor to the institution during her life.

CRAGMOR CREPED TRAY COVERS

Made of clean snow white creped paper, have become an instant hospital success because they combine attractive, clean freshness with low cost, and reduce the labor of setting a tray. Used once and thrown away, they eliminate laundry bills, and cost so little that the money you save in your laundry will more than pay for them.

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Less than 5,000, add 25c per 1,000.	

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They have learned to expect smart style, good fit, high grade material and flawless workmanship.

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For your protection every genuine garment has "Dix-Make" label stitched inside the neck or lapel.

Sold and recommended by leading department stores from coast to coast.

List of dealers and illustrated catalog No. 20 gladly forwarded on request.

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No. 400

The authorized government uniform during the war. Of superior quality Dixie Cloth; women's and misses' sizes.

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Catalog No. 5 — Miscellaneous Charts.

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

HOSPITAL STANDARD PUBLISHING CO.

Baltimore, Md.

26,000 in U. S. Hospitals

(Continued from page 59)

on March 5, 1921, nearly all being War Risk patients.

Summed up, the record is as follows:

War Risk Patients:

	Jan. 1, 1920.	Jan. 1, 1921.	Mar. 5, 1921.
Service hospitals ...	4,477	9,720	12,435
Contract hospitals	4,733	9,299	10,000
Total	9,210	19,019	22,435

Other Patients:

Service hospitals ...	2,107	2,791	3,156
Contract hospitals	249	518	506
Total	2,356	3,309	3,662

All Patients:

Service hospitals ...	6,584	12,511	15,591
Contract hospitals	4,982	9,817	10,506
Total	11,566	22,328	26,097

The personnel of the service has kept pace in most respects with the increase of the hospital work. It now comprises about 3,200 physicians, 150 dentists, 1,400 nurses, 400 reconstruction aides and 125 dietitians. The nurses are still about 300 short, in spite of the efforts of the service to recruit them. Additional dietitians are also needed.

New Building for Barker Memorial

A \$250,000 building on Brandon Hill is planned to replace the Clarence Barker Memorial Hospital at Biltmore, N. C., which was destroyed by fire.

150 Bed Hospital at Fort Smith

Ground has been broken for the \$200,000 building for St. Edward's Infirmary at Fort Smith, Ark., which will contain 150 beds.

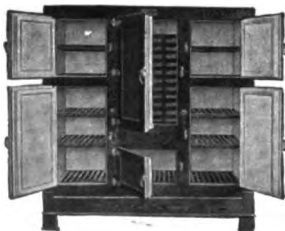
Abington to Have \$200,000 Nurses' Home

A \$200,000 nurses' home is to be built for Abington Memorial Hospital, Philadelphia, this spring.

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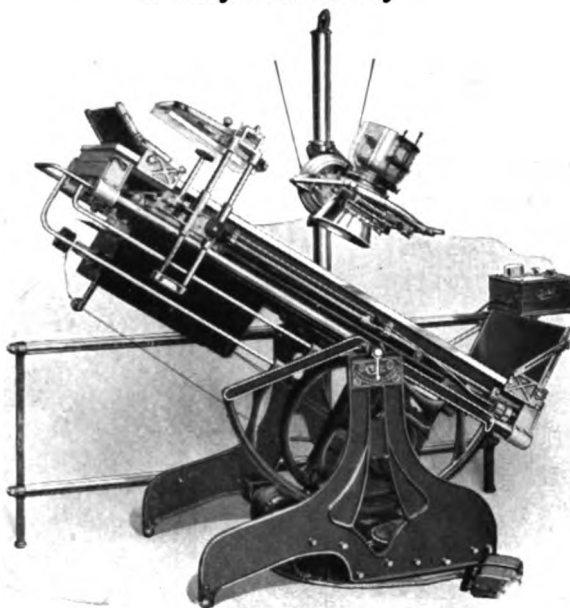
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X-Ray Plant

Contrast Its Appearance
With That of the Old Style
X-Ray Laboratory

14 Points on the Clinix

- 1—Takes the place of radiographic table, horizontal fluoroscope, vertical plate changer, vertical fluoroscope, trolley system, interrupterless or other transformer and control.
- 2—Self excited with capacity sufficient to fluoroscope or radiograph any part of the body as attested by the U. S. Army Manual and the Eastman X-Ray Exposure Rule.
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- 4—Motor Driven so that patient is carried automatically from vertical to Trendelenburg or to intermediate positions.
- 5—After locating part on fluoroscopic screen, plate made for permanent record by same tube under table.
- 6—No shifting, lifting and climbing of patients from one piece of apparatus to another.
- 7—No overhead trolley and dangerous dangling reels.



U. S. Patents, Dec. 19, 1919; April 22, 1913; Feb. 29, 1916; Aug. 7, 1917. Also patented in foreign countries. Other patents pending. Infringers will be prosecuted.

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The expense of repainting such surfaces is very heavy and calls for considerable expenditure. This problem is being so successfully met in an increasing number of hospitals by the use of the abrasive powder

WYANDOTTE DETERGENT

that it will be well worth your while to investigate this unusual cleaner.

Wyandotte Detergent has an easy, natural cleaning action, and while most effective in removing obstinate deposits it will not discolor, scratch or injure the most delicate surface.

You wouldn't believe, until you have actually seen it at work how easily it will save you the cost of renewing your oil painted and enameled surfaces. Many hospitals have saved many times the cost of this cleaner in one operation.

It will do the same for you.

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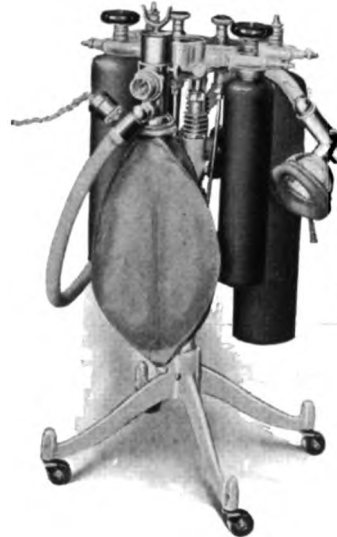
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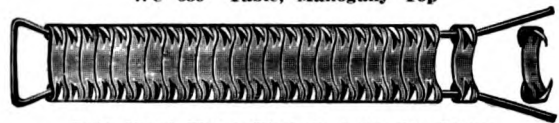
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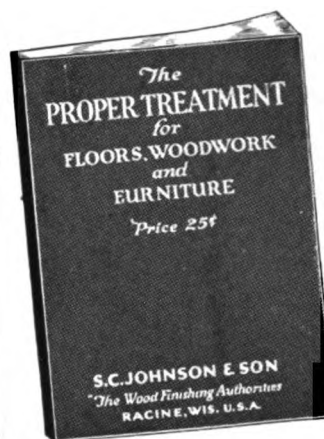
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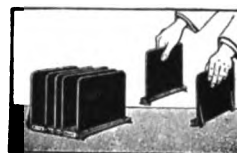
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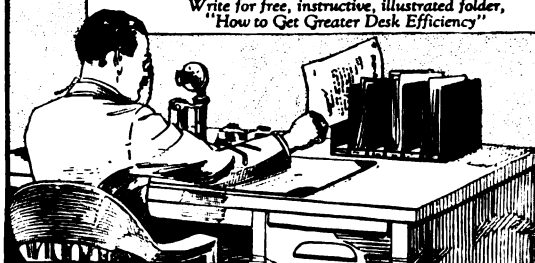
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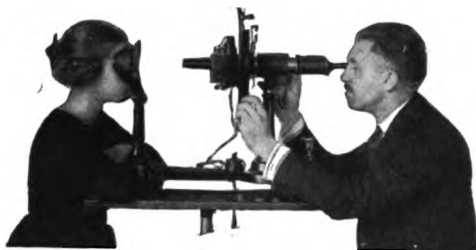
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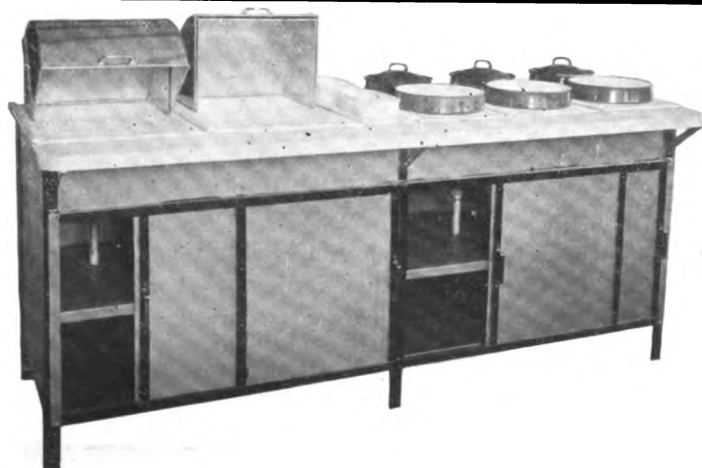
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HOSPITAL MANAGEMENT

Vol. XI April, 1921 No. IV

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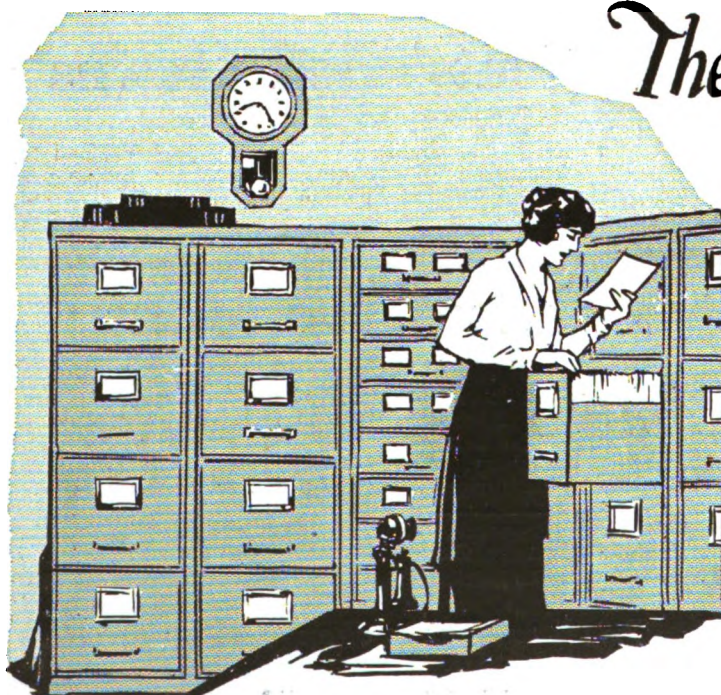
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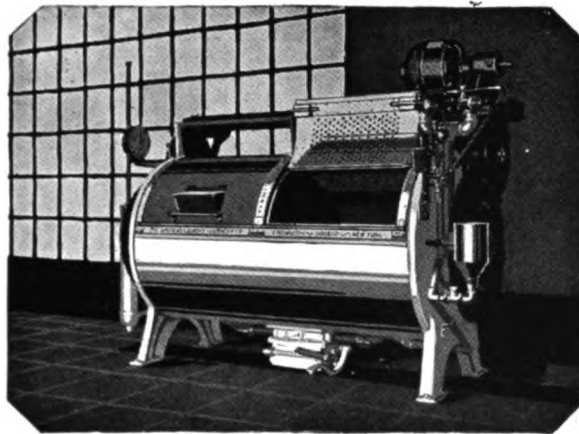
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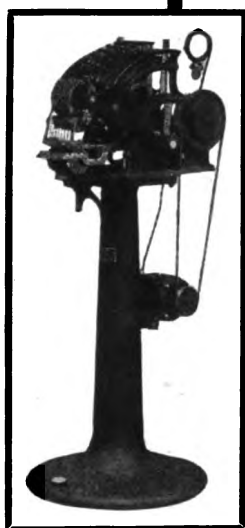
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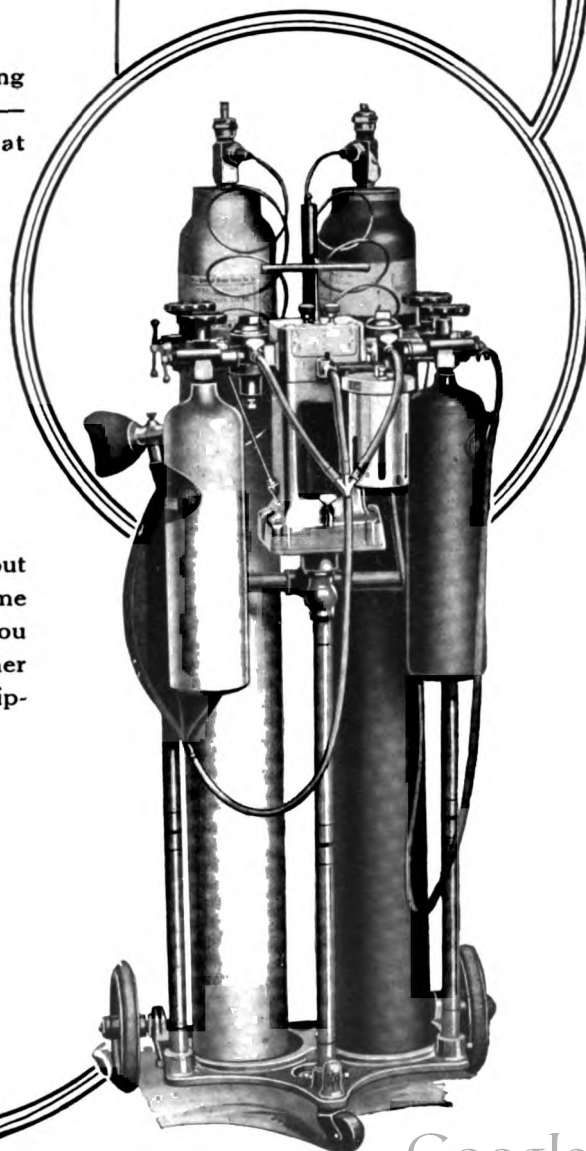
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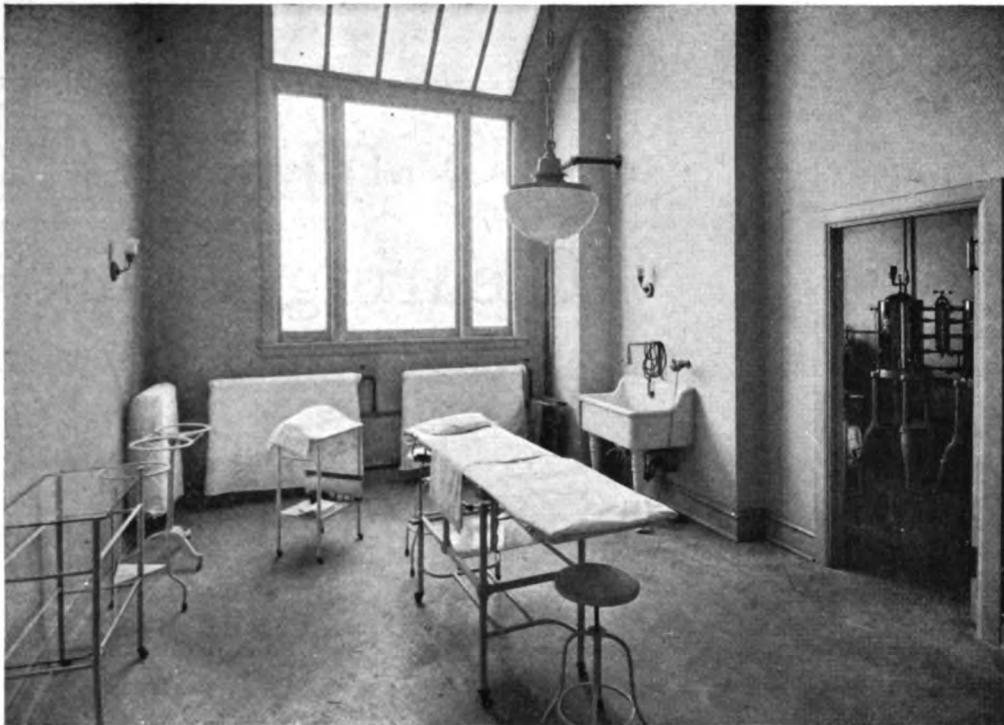
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SPD No. (none)—75 box. located Norfolk, Va. Mfr. unknown.
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SPD No. 20900—1 lb. in bot. 90 bot. located Philadelphia, Pa. Mfr. unknown.
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SPD No. (none)—118 bot. located St. Louis, Mo. Mfr. unknown.
SPD No. (none)—57 bot. located San Francisco, Calif. Mfr. unknown.
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SPD No. E-1622—2 qts. in bottle. 692 bot. located Philadelphia, Pa. Mfr., Abbott Laboratories, et al.
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SPD No. 19438—27,350 tins located St. Louis, Mo. Mfr., Mallenkrodt Chemical Co.
SPD No. 15992—400 tins located St. Louis, Mo. Mfr., Mallenkrodt Chemical Co.
SPD No. 20121—2,900 tins located Chicago, Ill. Mfr., Mallenkrodt Chemical Co. & E. R. Squibbs.
SPD No. 20465—21,500 tins located Brooklyn, N. Y. Merck & Co., Mfr.
SPD No. 18267—31,776 tins located Philadelphia, Pa. Mfr., E. R. Squibbs & Sons, Mallenkrodt Chem. Co.
SPD No. 19957—9,000 tins located St. Louis, Mo. Mfr., Mallenkrodt Chem. Co.
SPD No. (none)—8,739 tins located Philadelphia, Pa. Mfr. unknown.
SPD No. 20001—4,200 tins located San Francisco, Calif. Mfr., E. R. Squibbs & Sons.
SPD No. (none)—498 tins located Norfolk, Va. Mfr. unknown.

LIST CONTINUED ON NEXT PAGE

SURPLUS PROPERTY

Office of Surgeon General
MUNITIONS BLDG.,



WAR IDEEP

"Surplus Prop"

SEALED FOR BULLETIN LISTING ALL ITEMS

al List No. 9



Office of
U. S.

Surgeon General
ARMY

CONDITIONS OF SALE

All goods will be sold "as is," "where is," and under no circumstances will a refund or adjustment be made on account of supplies not coming up to the standard of expectation.

Bids must specify the item number, name of drug, unit bid, quantity desired and total bid for each drug on which offer is made. No special form of bid is necessary. Bids may be made by letter or telegram.

A deposit of 20% in certified check or money order must accompany all proposals.

Checks are to be made payable to
Surgeon General United States Army

All property must be removed within 30 days of notification of award and must be paid for in full before removal.

All awards are made subject to prior sale. The Government reserves the right to reject any or all bids, or any part thereof.

Inspection is invited and may be made at points of storage indicated for each item.

Permits to inspect may be obtained from the Medical Supply Officer at any of the following addresses, preferably the one nearest the point of storage.



SALE BY INFORMAL BID

Submitted to
SURPLUS PROPERTY SECTION
OFFICE OF THE SURGEON GENERAL
ROOM 1060 MUNITIONS BUILDING,
WASHINGTON, D. C.

Bids close at 10 A. M. Eastern Time
May 19, 1921

— READ ON FOR PROFIT

RTY SECTION

f the Army

WASHINGTON, D. C.

ARTMENT erty Sales

OFFERED IN THIS GREAT SALE

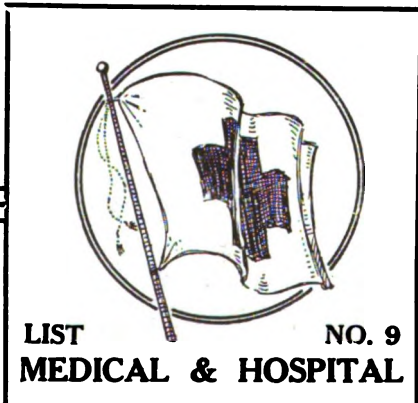




SPD No. 15993—5,500 tins located Schenectady, N. Y. Mfr., Mallenkrodt Chem. Co., E. R. Squibbs.
 SPD No. 1/2 lb. in tins. 216 tins located Philadelphia, Pa. Mfr. unknown.
 SPD No. 5 lbs. in tins. 18 tins located Philadelphia, Pa. Mfr. unknown.
 Chrysarobinum, 1/2 oz. in tins.
 SPD No. SE-67—310 tins located Atlanta, Ga. Mfr., Powers, Weightman & Rosengarten Co.
 SPD No. (none)—133 tins located Philadelphia, Pa. Mfr. unknown.
 SPD No. U. S. P. 1/2 oz. in tins. 88 tins located Chicago, Ill. Mfr. unknown.
 SPD No. SE-67—25 gms. in bottles. 150 bot. located Atlanta, Ga. Mfr., Merck & Co., & Schleffelin & Co.
 SPD No. (none)—4 bot. located Philadelphia, Pa. Mfr. unknown.
 SPD No. 19954—360 bot. located St. Louis, Mo. Mfr., Schleffelin & Co.
 Cocaine Hydrochloride, 10 mgm. 20 in tubes.
 SPD No. 20192—2,500 tubes located Chicago, Ill. Mfr., Wm. S. Merrill Chemical Co.
 SPD No. 11991—24,825 tubes located Chicago, Ill. Mfr., Wm. S. Merrill Chemical Co.
 SPD No. 17558—32,000 tubes located Washington, D. C. Mfr., Parke, Davis Co., & Frazier Tablet Co.
 SPD No. 17557—675 tubes located San Antonio, Texas. Mfr., Norwleigh Pharmaceutical Co.
 SPD No. 20468—15,000 tubes located Brooklyn, N. Y. Mfr., Parke, Davis Co., et al.
 Hyoscine Hydrobromidum, 0.65 mgm. 20 in tubes.
 SPD No. (none)—452 tubes located Chicago, Ill. Mfr. unknown.
 SPD No. SE-201 (100 in bot.) 30 bots. located Atlanta, Ga. Mfr. unknown.
 SPD No. (none)—242 bots. located Chicago, Ill. Mfr. unknown.
 SPD No. (none)—107 bots. located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—18 bot. located Schenectady, N. Y. Mfr. unknown.
 Iodine Swabs, 6 in. box.
 SPD No. C-394—63,686 boxes located Columbus Barracks. Mfr., Bauer & Black.
 SPD No. 20698—133,500 boxes located St. Louis, Mo. Mfr. unknown.
 SPD No. 3890—867,763 box. located Philadelphia, Pa. Mfr., W. D. Young & Co.
 SPD No. (none)—1,000 box. located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—217,119 box. located Chicago, Ill. Mfr. unknown.
 SPD No. (none)—191 box. located Norfolk, Va. Mfr. unknown.
 Iodum Potassii Iodidum, 10 tubes in tube.
 SPD No. 20762—236,000 tubes located St. Louis, Mo. Mfr. unknown.
 Ipecacuanha, Pulvis.
 SPD No. 3810—104 oza. located Chicago, Ill. Mfr. unknown.
 SPD No. 19962—2,940 oz. tubes located San Antonio, Tex. Mfr. unknown.
 SPD No. 18284—1/2 lb. in cartons. 2,100 cart. located Brooklyn, N. Y. Mfr., Various Contractors.
 SPD No. (none)—65 mgm. 600 in tins. 10 tins located Philadelphia, Pa. Mfr. unknown.
 Linimentum Rubefaciens, 50 in box.
 SPD No. E-468—4 box. located Philadelphia, Pa. Mfr., Smith, Kline & French.
 SPD No. E-468—187 tins located Philadelphia, Pa. Mfr., Smith, Kline & French. (200 in tins).
 SPD No. 20798—(250 in bot.) 26,000 bots. located Washington, D. C. Mfr. unknown.
 10814—100 bots. located San Antonio, Texas. Mfr. unknown.
 SPD No. SE-214—2,000 bot. located Atlanta, Ga. Mfr. unknown.
 SPD No. 20769—136 bots. located Atlanta, Ga. Mfr. unknown.
 SPD No. 20777—8,000 bots. located San Francisco, Cal. Mfr. unknown.
 SPD No. E-468—797 bots. located Philadelphia, Pa. Mfr., Smith, Kline & French.
 SPD No. (none)—175 bot. located Norfolk, Va. Mfr. unknown.
 Liqueur Cresolis Compositus, 3 gal. in tins.
 SPD No. 16687—1 tin located Brooklyn, N. Y. Mfr., West Disinfectant Co.
 Magnesia Sulphas.
 SPD (none)—764 lbs. located Washington, D. C. Mfr. unknown.
 SPD No. 18289—25,268 lbs. located San Francisco, Calif. Mfr., Lennox Chemical Co.
 SPD No. 18288—50,094 tins located Brooklyn, N. Y. Mfr., P. W. Drackett Sons, et al. (4 lbs. in tin).
 SPD No. E-963—264 tins located Philadelphia, Pa. Mfr., Liberty Mfg. Co. (4 lbs. in tin).
 SPD No. C-393—2,767 tins located Columbus Barracks. Mfr. unknown. (4 lbs. in tin).
 SPD No. (none)—4 lbs. in tin—339 tins located Chicago. Mfr. unknown.

Medical and Hospital Read on for

SPD No. 10263—100 lbs. in keg—5 kegs located St. Louis, Mo. Mfr. unknown.
 Maftose.
 SPD No. E-1274—1/4 lb. in bottle—1,959 bottles located Washington, D. C. Mfr., Elmer & Amend.
 Massa Hydrargyri.
 SPD No. (none)—100 gm. in jar—20 jars located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1238—3 oz. in bottle—1,430 bottles located Brooklyn, N. Y. Mfr. unknown.
 SPD No. SE-295—3 oz. in bottle—198 bottles located Atlanta, Ga. Mfr. unknown.
 SPD No. E-1027—3 oz. in bottle—241 bottles located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle—81 bottles located Chicago, Ill. Mfr. unknown.
 SPD No. (none)—3 oz. bottle—98 bottles located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle—30 bottles located Norfolk, Va. Mfr. unknown.
 SPD No. (none)—1/4 lb. in tin—112 tins located San Francisco, Calif. Mfr. unknown.
 Methyllis Salicylas.
 SPD No. (none)—1 oz. in bottle—30 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 11731—1 lb. in bottle—25 bottles, located Atlanta, Ga. Mfr. unknown.
 Mysteria Glycyrrhizae Comp.
 SPD No. (none)—500 in bottle—211 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 20758—1,000 in bottle—3,100 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. 16686—1,000 in bottle—21,149 bottles, located Washington, D. C. Mfr., McCambridge & McCambridge.
 SPD No. 20800—1,000 in bottle—36,000 bottles, located Washington, D. C. Mfr. unknown.
 SPD No. 20744—1,000 in bottle—500 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. SE-214—1,000 in bottle—8,494 bottles, located Atlanta, Ga. Mfr. unknown.
 SPD No. E-469—1,000 in bottle—11,115 bottles, located Philadelphia, Pa. Mfr., Howman, Mell & Co.
 SPD No. (none)—1,000 in bottles—4,000 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-469—1,200 in bottle—85 bottles, located Philadelphia, Pa. Mfr., Burgoine & Burbridge.
 SPD No. E-469—3,600 in bottle—4,247 bottles, located Philadelphia, Pa. Mfr., Burgoine & Burbridge.
 SPD No. (none)—3,600 in bottle—1,250 bottles, located San Francisco, Calif. Mfr. unknown.
 Morphine Hydrochlorides.
 SPD No. (none)—10 gms. in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-1063—10 mgm. in amp.—30,100 amp., located Philadelphia, Pa. Mfr., various contractors.
 SPD No. (none)—50 gms. in bottle—1 bottle, located Philadelphia, Pa. Mfr. unknown.
 Morphine Sulphas.
 SPD No. 17561—1/4 oz. in bottle—55,691 bottles, located Brooklyn, N. Y. Mfr., E. R. Squibbs & Sons, et al.
 SPD No. 19900—1/4 oz. in bottle—900 bottles, located Atlanta, Ga. Mfr. unknown.
 SPD No. 17867—1/4 oz. in bottle—12,502 bottles, located Philadelphia, Pa. Mfr., Powers, Weightman & Rosengarten.
 SPD No. 17563—1/4 oz. in bottle—1,000 bottles, located Philadelphia, Pa. Mfr., McCambridge & McCambridge.
 SPD No. 20195—pulvis U. S. P.—200 oz., located Chicago, Ill. Mfr. unknown.
 SPD No. 18178—pulvis U. S. P.—25 oz., located Washington, D. C. Mfr., Merck & Co., et al.
 SPD No. 19996—pulvis U. S. P.—200 oz., located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1296—pulvis 10 oz. in tin. 44 tins, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 15765—8 mgm. tabs. 20 in tube, 352,100 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co., et al.
 SPD No. 18414—8 mgm. tabs. 20 in tube, 1,420,914 tubes, located Washington, D. C. Mfr., Sharpe & Dohme, et al.
 SPD No. 17592—8 mgm. tabs. in tube, 98,600 tubes, located Brooklyn, N. Y. Mfr., Norwich Pharmaceutical Co., et al.
 SPD No. 17567—8 mgm. tabs. 20 in tube, 331,470 tubes, located Philadelphia, Pa. Mfr., Eli Lilly Co., et al.
 SPD No. E-974—8 mgm. tabs. 20 in tube, 29,659 tubes, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. E-974—8 mgm. tabs. 25 in tube, 132 tubes, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. E-974—8 mgm. tabs. 100 in bottle, 7,556 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. (none)—8 mgm. tabs. 100 in bottle, 318 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-974—8 mgm. tabs. 250 in bottle, 236 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 17564—8 mgm. tabs. 250 in bottle, 2,875 bottles, located Philadelphia, Pa. Mfr., Sharpe & Dohme, et al.
 SPD No. SE-296—8 mgm. tabs. 500 in bottle, 606 bottles, located Atlanta, Ga. Mfr., McCambridge & McCambridge.
 SPD No. E-1296—8 mgm. tabs. 500 in bottle, 4 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—8 mgm. tabs. 500 in bottle, 5,050 bottles, located Philadelphia, Pa. Mfr. unknown.



LIST NO. 9
MEDICAL & HOSPITAL

Sealed Bid Sale Closed
SEE PRECEDING PAGE

WAR DEPARTMENT.

Send for bulletin listing all

Hospital List No. 9 (continued)

Profit—List continued on next page

SPD No. (none)—8 mgm. tabs. 500 in bottle, 300 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—8 mgm. tabs. 500 in bottle, 44 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-806—8 mgm. tabs. 500 in bottle, 61 bottles, located Schenectady, N. Y. Mfr., McAmbridge & McAmbridge.
 SPD No. E-1296—8 mgm. tabs. 600 in tin, 65 tins, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—¼ gr. h. t.—139 amp., located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—¼ gr. h. t. 500 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 Naphthalium.
 SPD No. (none)—52 lbs., located Chicago, Ill. Mfr. unknown.
 Nitroglycerine.
 SPD No. (none)—0.65 mgm. in pks. 30 pks., located Norfolk, Va. Mfr. unknown.
 SPD No. (none)—Class A-4 bottles, located Chicago, Ill. Mfr. unknown.
 Normal Saline Solution Tabs.
 SPD No. E-982—100 in bottle, 263 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-982—150 in bottle, 31 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-982—200 in bottle, 3,100 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3,000 in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 Ointment Antiseptic.
 SPD No. (none)—¼ lb. in bottle, 128 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. SF-298—1 lb. in tin, 300 tins, located Atlanta, Ga. Mfr. unknown.
 SPD No. SE-329—1 lb. in tin, 536 tins, located St. Louis, Mo. Mfr., H. K. Mulford & Co.
 SPD No. W-47—1 lb. in tin, 180 tins, located San Francisco, Calif. Mfr., H. K. Mulford & Co.
 Oleoresina Aspidil.
 SPD No. (none)—50 c. c. in bottle, 250 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. C-227—1 oz. in bottle, 75 bottles, located Chicago, Ill. Mfr. H. J. Baker & Bros., et al.
 SPD No. 20448—1 oz. in bottle, 150 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. 18050—1 oz. in bottle, 2,640 bottles, located Brooklyn, N. Y. Mfr., Magnus, Mabbe & Reynard.
 SPD No. E-235—1 oz. in bottle, 452 bottles, located Philadelphia, Pa. Mfr., Norwich Pharmaceutical Co.
 SPD No. (none)—1 oz. in bottle, 37 bottles, located Norfolk, Va. Mfr. unknown.
 Oleum Auranti.
 SPD No. E-1032—¼ lb. in bottle, 216 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 18294—¼ lb. in bottle, 1,550 bottles, located Brooklyn, N. Y. Mfr., Magnus, Mabbe & Reynard.
 Oleum Caryophylli, N. S. P.
 SPD No. E-1033—1 oz. in bottle, 2 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none) 1 oz. in bottle, 68 bottles, located Chicago, Ill. Mfr. unknown.
 SPD No. E-1033—¼ lb. in bottle, 172 bottles, located Philadelphia, Pa. Mfr. unknown.
 Oleum Chenopodii, 5 min.
 SPD No. 19925—100 glob. in box, 103 boxes, located New Orleans, La. Mfr., Eli Lilly Co., et al.
 SPD No. 19898—100 glob. in box, 200 boxes, located Atlanta, Ga. Parke, Davis & Co. Mfr.
 SPD No. E-240—100 glob. in box, 496 boxes, located Philadelphia, Pa. Mfr., Eli Lilly & Co.
 SPD No. 19948—100 glob. in box, 200 boxes, located St. Louis, Mo. Mfr., Eli Lilly & Co.
 SPD No. E-240—U. S. P. 50 glob. in box, 1 box, located Philadelphia, Pa. Mfr., Eli Lilly & Co.
 Oleum Gossypii Semina.
 SPD No. E-1033—3 pts. in tins, 10 tins, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 19052—1 qt. in tin, 87,136 tins, located Schenectady, N. Y. Mfr. unknown.
 SPD No. (none)—1 qt. in tin, 140 tins, located Norfolk, Va. Mfr. unknown.
 SPD No. 19933—1 gal. in tin, 12,580 tins, located St. Louis, Mo. Mfr., Cal Hirsch & Sons, et al.
 Opil Pulvis.
 SPD No. E-231—1 oz. in bottle, 12 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 15771—2 oz. in bottle, 250 bottles, located St. Louis, Mo. Mfr., Powers, Weightman & Rosengarten.
 SPD No. 18180—2 oz. in bottle, 80 bottles, located San Antonio, Tex. Mfr., McKesson & Robbins.
 SPD No. 18976—2 oz. in bottle, 500 bottles, located Brooklyn, N. Y. Mfr., Powers, Weightman & Rosengarten.
 SPD No. (none)—2 oz. in bottle, 1,614 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 18180—4 oz. in tin, 20 tins, located San Antonio, Tex. Mfr., Mallenkrodt Chemical Co.

SPD No. 18180—16 oz. in tin, 9 tins, located San Antonio, Tex. Mfr., Meyer Bros.
 SPD No. E-231—100 gms. in bottle, 28 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 20543—100 gms. in bottle, 150 bottles, located St. Louis, Mo. Mfr., McKesson & Robbins.
 SPD No. 18179—100 gms. in bottle, 82 bottles, located San Francisco, Calif. Mfr., McKesson & Robbins.
 Panosatin.
 SPD No. E-1229—100 gm. in bottle, 168 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—100 gm. in bottle, 47 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—100 gm. in bottle, 51 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—250 gms. in bottle, 4 bottles, located Brooklyn, N. Y. Mfr. unknown.
 Pepsinum.
 SPD No. 10253—1 oz. in bottle, 30,384 bottles, located Chicago, Ill. Mfr., Fred'k Sterns, et al.
 SPD No. (none)—1 oz. in bottle, 9 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1241—3 oz. in bottle, 873 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 9 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 22 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1241—8 oz. in bottle, 15 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. E-987—8 oz. in bottle, 125 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—8 oz. in bottle, 45 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-987—50 gms. in bottle, 1 bottle, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—50 gms. in bottle, 15 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—50 gms. in bottle, 7 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—U. S. P. Class A. 1,171 ozs., located Chicago, Ill. Mfr. unknown.
 Peptonizing Tablets.
 SPD No. E-1030—100 in bottle, 535 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—100 in bottle, 38 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1030—125 in bottle, 500 bottles, located Philadelphia, Pa. Mfr. unknown.
 Petrolatum Liquidum.
 SPD No. 16688—3 lbs. in tin, 36 tins, located Atlanta, Ga. Mfr., Cal. Hirsch & Sons.
 Phenol.
 SPD No. 16087—17½ lbs., located Washington, D. C. Mfr., Monsanto Chemical Co.
 SPD No. (none)—5 lbs. in bottle, 990 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. 16088—5 lbs. in bottle, 120 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—5 lbs. in bottle, 470 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—Crystals, U. S. P., ¼ lb. in bottle, 55½ bottles, located Norfolk, Va. Mfr. unknown.
 Pilulae Aloini Compositus.
 SPD No. 16091—500 in bottle, 4,200 bottles, located St. Louis, Mo. Mfr., Bristol, Myer & Co.
 SPD No. 16093—500 in bottle, 4,196 bottles, located Washington, D. C. Mfr., Frederick Sterns & Co.
 SPD No. 20665—(vet) 12 caps. in pkg., 2,000 pks., located St. Louis, Mo. Mfr., Parke, Davis & Co.
 SPD No. E-436—(vet) 12 caps. in pkg., 292 pks., located Philadelphia, Pa. Mfr., various contractors.
 Pilulae Camphor Et Opil.
 SPD No. E-491—250 in bottle, 2 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. SE-214—500 in bottle, 400 bottles, located Atlanta, Ga. Mfr. unknown.
 SPD No. E-491—500 in bottle, 741 bottles, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 20797—500 in bottle, 29,000 bottles, located Washington, D. C. Mfr. unknown.
 SPD No. E-491—875 in bottle, 343 bottles, located Philadelphia, Pa. Mfr. unknown.
 Pilulae Carminative w/o Morphinas.
 SPD No. W-44—5 mgm. 200 in bottle, 750 bottles, located San Francisco, Calif. Mfr., Clinton E. Worden & Co.
 SPD No. W-45—w/ 8 mgm. 200 in bottle, 650 bottles, located San Francisco, Calif. Mfr., Schleffelin & Co., et al.
 SPD No. C-326—w/ 8 mgm. 200 in bottle, 766 bottles, located St. Louis, Mo. Mfr., Schleffelin & Co., et al.

List continued on next page—

g May 19th, 1921
 OR CONDITIONS OF SALE

Surplus Property Sales
 Items offered in this great sale



LIST NO. 9
 MEDICAL & HOSPITAL

Medical and Hospital

(Continued from preceding pages)

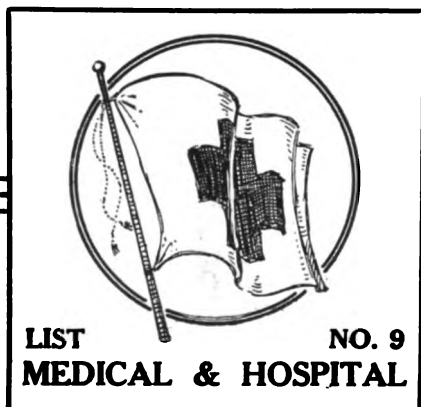
Read Every Item and Act Promptly

Phlebotomy Cathartic Composites.

SPD No. (none)—67 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1010—400 in bottle, 85 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—400 in bottle, 1 bottle, located Schenectady, N. Y. Mfr. unknown.
 SPD No. 30643—500 in bottle, 1,900 bottles, located St. Louis, Mo. Mfr., McKesson & Robbins.
 SPD No. 18301—500 in bottle, 80 bottles, located Brooklyn, N. Y. Mfr., Parke, Davis & Co.
 SPD No. (none)—500 in bottle, 40 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 30630—U. S. P. 500 in bottle, 23,580 bottles, located Washington, D. C. Mfr., F. E. Arner Co.
 SPD No. 10223—1,000 in bottle, 950 bottles, located New Orleans, La. Mfr., McKesson & Robbins.
 SPD No. SE-56—1,000 in bottle, 950 bottles, located Atlanta, Ga. Mfr., McKesson & Robbins.
 SPD No. 18975—1,000 in bottle, 2,650 bottles, located San Antonio, Tex. Mfr., Frederick Sterna Co.
 SPD No. E-1010—1,000 in bottle, 365 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. C-332—1,000 in bottle, 1,000 bottles, located Chicago, Ill. Mfr. unknown.
 Plumbi Aetnas.
 SPD No. (none)—100 in bottle, 230 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. SE-308—130 mgm. 500 in bottle, 769 bottles, located Atlanta, Ga. Mfr., Glen Falls Phar. Co.
 SPD No. (none)—130 mgm. 500 in bottle, 598 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—130 mgm. 500 in bottle, 374 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—130 mgm. 600 in bottle, 42 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—600 in bottle, 101 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. SE-302—130 mgm. 875 in bottle, 130 bottles, located Atlanta, Ga. Mfr., John Wyeth & Brothers.
 SPD No. (none)—10 in tube, 19 tubes, located Philadelphia, Pa. Mfr. unknown.
 Potassium Bromidum.
 SPD No. 19986—1 lb. in bottle, 300 bottles, located San Antonio, Tex. Mfr., Powers, Wehlman Chem. Co.
 SPD No. E-1346—5 gr. tabs. 100 boxes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. E-1346—324 mgm. 500 in bottle, 164 bottles, located Philadelphia, Pa. Mfr. unknown.
 Potassium Chloras Pulvis.
 SPD No. (none)—1 lb. in bottle, 140 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 19992—U. S. P. 175 lbs., located San Francisco, Calif. Mfr., Lehn & Fink.
 SPD No. (none)—324 mgm. 300 in bottle, 15 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—324 mgm. 300 in bottle, 551 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1236—500 in bottle, 339 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—500 in bottle, 9 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 106 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. E-1237—324 mgm. 1,000 in bottle, 145 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. W-32—324 mgm. 1,000 in bottle, 212 bottles, located San Francisco, Calif. Mfr., various mfrs.
 SPD No. (none)—324 mgm. 1,260 in tin, 3 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Et Sodii Tartras, U. S. P. Crystals.
 SPD No. 19923—796 lbs., located New Orleans, La. Mfr., Merck & Co., et al.
 SPD No. 30199—3 lb. tins, 1,500 lbs., located Chicago, Ill. Mfr., Charles Pfizer.
 SPD No. E-1035—1 lb. in tin, 32 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Et Sodii Tartras.
 SPD No. E-1035—3 lb. tins, 384 lbs., located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3 lb. in tin, 12 2-3 tins, located Norfolk, Va. Mfr. unknown.
 SPD No. E-1035—3 lb. in tin, 24 tins, located Philadelphia, Pa. Mfr. unknown.
 Potassium Iodidum.
 SPD No. 20760—324 mgm. 500 in bottle, 1,000 bottles, located St. Louis, Mo. Mfr., Norwich Pharmacal Co.
 SPD No. 20796—324 mgm. 500 in bottle, 7,600 bottles, located Washington, D. C. Mfr. unknown.
 SPD No. 20743—324 mgm. 500 in bottle, 600 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. 20747—324 mgm. 500 in bottle, 350 bottles, located Atlanta, Ga. Mfr., Fred C. Arner Co.
 SPD No. E-471—324 mgm. 500 in bottle, 5498 bottles, located Philadelphia, Pa. Mfr., McKesson & Robbins, et al.

Pulvis Ipecac. Et Opil.

SPD No. E-472—700 in bottle, 22 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 472—1,000 in bottle, 1 bottle, located Philadelphia, Pa. Mfr. various contractors.
 Quinine Dihydrochloridum.
 SPD No. (none)—32 mgm., 20 in tube, 10,000 tubes, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. C-233—32 mgm., 20 in tube, 1,000 tubes, located Chicago, Ill. Mfr., Eli Lilly Co.
 SPD No. 19963—250 in bottle, 32 mgm., 1,200 bottle, located San Antonio, Tex. Mfr., Eli Lilly & Co.
 SPD No. C-234—32 mgm., 250 in bottle, 199 bottles, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 19930—199 bottles, located St. Louis, Mo. Mfr., Eli Lilly & Co.
 SPD No. 16183—32 mgm., 25 in tube, 9,562 tubes, located Washington, D. C. Mfr., Parke, Davis & Co.
 Quinine Hydrochloridum Sulphas.
 SPD No. E-1038—32 mgm., 20 in tubes, 2,331 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-54—32 mgm., 20 in tube, 4,000 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co., Sharpe & Dohme Co.
 SPD No. 19940—32 mgm., 20 in tube, 2,513 tubes, located St. Louis, Mo. Mfr., Sharpe & Dohme.
 SPD No. (none)—32 mgm., 20 in tube, 170 tubes, located New Cumberland, Pa. Mfr. unknown.
 SPD No. (none)—32 mgm., 20 in tube, 700 tubes, located Norfolk, Va. Mfr. unknown.
 SPD No. SE-54—32 mgm., 25 in tube, 40 tubes, located Atlanta, Ga. Mfr., J. T. Milliken Co.
 SPD No. E-1038—32 mgm., 25 in tube, 422 tubes, located Philadelphia, Pa. Mfr. unknown.
 Resina Podophylli—Class "A".
 SPD No. (none)—436½ oz., located Chicago, Ill. Mfr. unknown.
 SPD No. (none)—10 gms. in bottle, 104 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—25 gms. in bottle, 10 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—25 gms. in bottle, 216 bottles, located San Francisco, Calif. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 320 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 251 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—¼ oz. in bottle, 506 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-305—¼ oz. in bottle, 12 5-6 bottles, located Atlanta, Ga. Mfr. unknown.
 Saccharum Lactis Pulvis.
 SPD No. 3384—1 lb. in bottle, 11 bottles, located Philadelphia, Pa. Mfr., Smith, Kline & French.
 SPD No. (none)—1 lb. in bottle, 69 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—1 lb. in carton, 10 cartons, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—3 oz. in bottle, 23 bottle, located Philadelphia, Pa. Mfr. unknown.
 Sodii Bicarbonas Et Menth. Pip.
 SPD No. E-1013—500 in bottle, 3 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—500 in bottle, 3 bottles, located Norfolk, Va. Mfr. unknown.
 SPD No. 20202—1,000 in bottle, 1,200 bottles, located Chicago, Ill. Mfr., R. J. Strassenburg.
 SPD No. 20832—1,000 in bottle, 5,000 bottles, located Washington, D. C. Mfr., McKesson & Robbins.
 SPD No. E-1013—1,000 in bottle, 3,140 bottles, located Philadelphia, Pa. Mfr. unknown.
 Sodii Boras Pulvis (Commercial).
 SPD No. 20203—3,800 lbs., located Chicago, Ill. Mfr., Pacific Coast Borax Co.
 SPD No. 18311—100 lbs. in keg, 1,630 kegs, located Brooklyn, N. Y. Mfr., Pacific Coast Borax Co.
 Sodii Carbonas Monohydrate.
 SPD No. E-1012—½ lb. in bottle, 131 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. C-235—1 lb. in bottle, 1,000 bottles, located Chicago, Ill. Mfr., Madison Trading Co.
 SPD No. 19988—1 lb. in bottle, 3,000 bottles, located San Antonio, Tex. Mfr., Madison Trading Co.
 SPD No. SE-63—1 lb. in bottle, 1,500 bottles, located Atlanta, Ga. Mfr., Madison Trading Co.
 SPD No. (none)—1 lb. in bottle, 1,000 bottles, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. E-1012—1 lb. in bottle, 4,474 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. 19938—1 lb. in bottle, 4,000 bottles, located St. Louis, Mo. Mfr., Madison Trading Co.



Sealed Bid Sale
 SEE PRECEDING PAGE

WAR DEPARTMENT
 Send for bulletin listing all

List No. 9

tly for Profit

SPD No. (none)—1 lb. in bottle, 170 bottles, located Norfolk, Va. Mfr. unknown.
Sedil Chlorate.
 SPD No. C-321—1 lb. in bottle, 7,786 bottles, located St. Louis, Mo. Mfr., McKesson & Robbins Co.
 SPD No. W-29—1 lb. in bottle, 225 bottles, located San Francisco, Calif. Mfr., McKesson & Robbins Co.
 SPD No. E-1065—1 lb. in bottle, 39 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. SE-306—1 lb. in bottle, 4,475 bottles, located Atlanta, Ga. Mfr., McKesson & Robbins Co.
 SPD No. E-1063—1 lb. in carton, 1,775 cartons, located Philadelphia, Pa. Mfr. unknown.
Sedil Chloridum.
 SPD No. (none)—25 lbs. in carton, 4 cartons, located Brooklyn, N. Y. Mfr. unknown.
Sedil Fluoridum.
 SPD No. E-986—1 lb. in pkg., 26 pkgs., located Philadelphia, Pa. Mfr. unknown.
Sedil Salicylas.
 SPD No. 15785—324 mgm., 500 in bottles, 1,000 bottles, located Chicago, Ill. Mfr., Pittman, Moore Co. et al.
 SPD No. 16689—324 mgm., 500 in bottles, 300 bottles, located San Francisco, Calif. Mfr., W. S. Merrill Chem. Co.
Sedil Sulphas.
 SPD No. (none)—50 lbs., located Philadelphia, Pa. Mfr. unknown.
Spiritus Juniperus.
 SPD No. (none)—43 gals., located Chicago, Ill. Mfr. unknown.
Strophanthum.
 SPD No. SE-69—5 mgm., 20 in tube, 1,000 tubes, located Atlanta, Ga. Mfr., Fraser Tablet Co.
 SPD No. 20422—5 mgm., 20 in tube, 4,500 tubes, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co.
 SPD No. 18317—5 mgm., 20 in tube, 3,500 tubes, located Brooklyn, N. Y. Mfr., Fraser Tablet Co.
 SPD No. 16102—5 mgm., 20 in tube, 8,250 tubes, located Philadelphia, Pa. Mfr., H. K. Mulford.
 SPD No. E-1003—5 mgm., 20 in tube, 1,748 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—5 mgm., 20 in tube, 140 tubes, located Norfolk, Va. Mfr. unknown.
Strophanthum Sulphas.
 SPD No. 20205—1 mgm., 20 in tube, 5,000 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 19863—1 mgm., 20 in tube, 139,995 tubes, located Chicago, Ill. Mfr., Eli Lilly & Co.
 SPD No. 20693—1 mgm., 20 in tube, 463,950 tubes, located Washington, D. C. Mfr., Sharpe & Dohme Co.
 SPD No. (none)—1 mgm., 20 in tube, 164 tubes, located Washington, D. C. Mfr. unknown.
 SPD No. SE-73—1 mgm., 20 in tube, 4,000 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co.
 SPD No. 18318—1 mgm., 20 in tube, 628,415 tubes, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co., Parke, Davis & Co.
 SPD No. E-1015—1 mgm., 20 in tube, 37,095 tubes, located Philadelphia, Pa. Mfr., Parke, Davis & Co., Sharpe & Dohme Co., et al.
 SPD No. 1937—1 mgm., 20 in tube, 304 tubes, located St. Louis, Mo. Mfr., Sharpe & Dohme Co., Eli Lilly & Co.
 SPD No. NE-83—1 mgm., 25 in tube, 8,371 tubes, located Boston, Mass. Mfr. unknown.
 SPD No. SE-73—1 mgm., 25 in tube, 148 tubes, located Atlanta, Ga. Mfr., Parke, Davis & Co.
 SPD No. E-1015—1 mgm., 25 in tube, 13,646 tubes, located Philadelphia, Pa. Mfr., Parke, Davis & Co., et al.
 SPD No. 20422—1 mgm., 250 in bottle, 5,200 bottles, located Brooklyn, N. Y. Mfr., Sharpe & Dohme Co.
 SPD No. 1015—1 mgm., 250 in bottle, 10,663 bottles, located Philadelphia, Pa. Mfr., various manufacturers.
 SPD No. 16104—1 mgm., 250 in bottle, 2,200 bottles, located St. Louis, Mo. Mfr., John T. Milliken & Sons.
 SPD No. 19931—1 mgm., 250 in bottle, 5,000 bottles, located St. Louis, Mo. Mfr., Norwich Phar. Co. et al.
 SPD No. E-1013—1 mgm., 500 in bottle, 49 bottles, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)— $\frac{1}{4}$ gr. V. H. T., 45,000 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. E-438— $\frac{1}{4}$ gr. V. H. T., 17,509 bottles, located Philadelphia, Pa. Mfr., various contractors.
Sulphomethasum.
 SPD No. SE-310—324 mgm., 725 in can, 22 cans, located Atlanta, Ga. Mfr. unknown.
Sulphosol.
 SPD No. (none)—324 mgm., 200 in bottle, 1,210 bottles, located San Francisco, Calif. Mfr. unknown.
Trochesci Ammonii Chloride—250 in bottles.
 SPD No. 14250—17,150 bottles, located Chicago, Ill. Mfr., Allaire, Woodward & Co.



SPD No. 16108—5,500 bottles, located St. Louis, Mo. Mfr., Glen Falls Pharmaceutical Co.
 SPD No. 20816—5,000 bottles, located Washington, D. C. Mfr., Frederick C. Arner & Co.
 SPD No. 19964—4,000 bottles, located San Antonio, Texas. Mfr., Sharpe & Dohme Co.
 SPD No. 18322—1,150 bottles, located Brooklyn, N. Y. Mfr., Frederick Sterns & Co.
 SPD No. 19642—1,300 bottles, located St. Louis, Mo. Mfr. unknown.
 SPD No. E-234—5,188 bottles, located Philadelphia, Pa. Mfr., Sharpe & Dohme Co.
 SPD No. 16107—6,570 bottles, located Philadelphia, Pa. Mfr., Glen Falls Pharmaceutical Co.
Unguentum Capsici $\frac{1}{4}$ oz. in tubes.
 SPD No. SE-316—998 tubes, located Atlanta, Ga. Mfr. unknown.
 SPD No. 3810—8,313 tubes, located Chicago, Ill. Mfr. unknown.
 SPD No. E-1233—10,101 tubes, located Brooklyn, N. Y. Mfr. unknown.
 SPD No. (none)—1,399 tubes, located Philadelphia, Pa. Mfr. unknown.
 SPD No. (none)—395 tubes, located St. Louis, Mo. Mfr. unknown.
 SPD No. (none)—1,073 tubes, located San Francisco, Calif. Mfr. unknown.
Unguentum Hydrargyri.
 SPD No. 20208—8,000 lbs., located Chicago, Ill. Mfr., Parke, Davis & Co.
 SPD No. (none)—1,000 lbs., located Washington, D. C. Mfr. unknown.
 SPD No. E-1009—2,570 lbs., located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 19879—769 lbs., located New Cumberland, Pa. Mfr., Powers, Weightman & Rosengarten.
 SPD No. 1008 (5 lbs. in tins), 87 tins, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 18324—2,000 tins, located Brooklyn, N. Y. Mfr., Wm. S. Merrill Chemical Co.
 SPD No. 20409—400 tins, located Brooklyn, N. Y. Mfr., Powers, Weightman & Rosengarten.
Unguentum Hydrargyri Chloridi Mite.
 SPD No. (none)—208 lbs., located New Orleans, La. Mfr. unknown.
 SPD No. 19987—500 lbs., located San Francisco, Calif. Mfr. unknown.
 SPD No. 19880—1,006 lbs., located New Cumberland, Pa. Mfr., Pitman, Moore & Co.
 SPD No. (none)—1,660 lbs., located Norfolk, Va. Mfr. unknown.
 SPD No. 18325 (1 lb. in jars), 7,321 jars, located Washington, D. C. Mfr., Parke, Davis & Co., et al.
 SPD No. E-1006—17 jars, located Philadelphia, Pa. Mfr., various contractors.
 SPD No. 12306 ($\frac{1}{4}$ lb. in jars), 37,900 jars, located Chicago, Ill. Mfr., Parke, Davis & Co., et al.
 SPD No. 18325—31,050 jars, located Washington, D. C. Mfr., Pitman, Moore & Co., et al.
 SPD No. 20405—5,600 jars, located Brooklyn, N. Y. Mfr., E. R. Squibb & Sons.

**DON'T MISS THE
NEXT PAGE!**



LIST NO. 9
MEDICAL & HOSPITAL

ing May 19, 1921
FOR CONDITIONS OF SALE

Surplus Property Sales
Items offered in this great sale



Two More Sales

To be Conducted

By the

WAR DEPARTMENT ***Surgical Supplies*** *and* ***Hospital Supplies*** ***and Equipment***

These sales, to be held later, will be of commanding interest to every surgeon, physician and official of hospital or clinic. The supplies and equipment, made for use under severest war service, are of such fine quality and workmanship as will appeal to your professional instincts; the money-saving prices to your sound business judgment.

N. Y., 1st Ave. & 59th St., Brooklyn, N. Y.
Washington, D. C., 21 "M" St., N. E.
Atlanta, Stewart Ave. and Glenn St.
Chicago, 1819 West 39th St.
St. Louis, 500 North Fourth St.
San Francisco, The Presidio of San Francisco
San Antonio, South Medina St.

Watch and Wait for These Two Great Sales

Read every one of the preceding seven pages covering the gigantic sale of DRUGS now in progress.

M & H LIST No. 9

BIDS CLOSING MAY 19, 1921

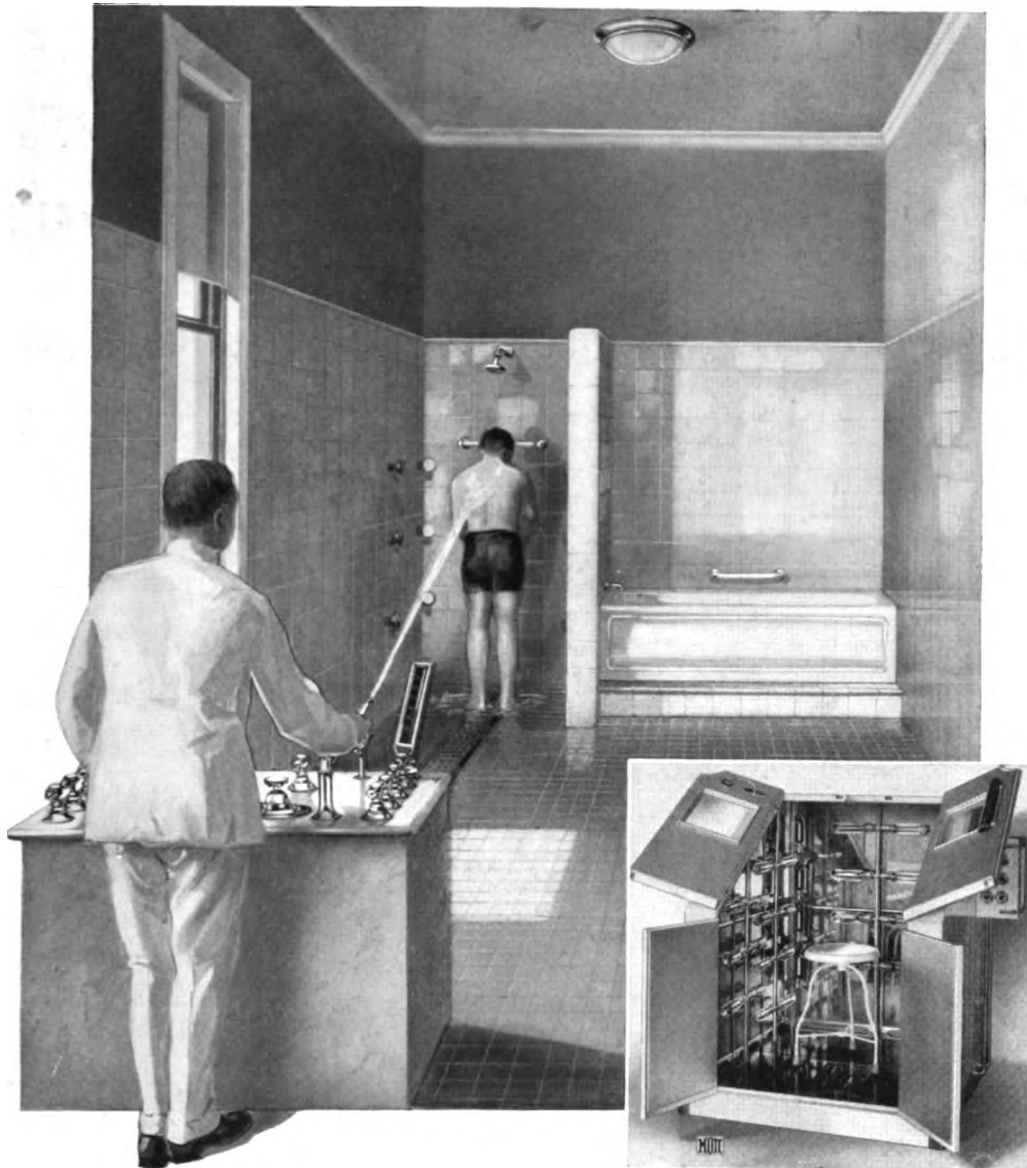
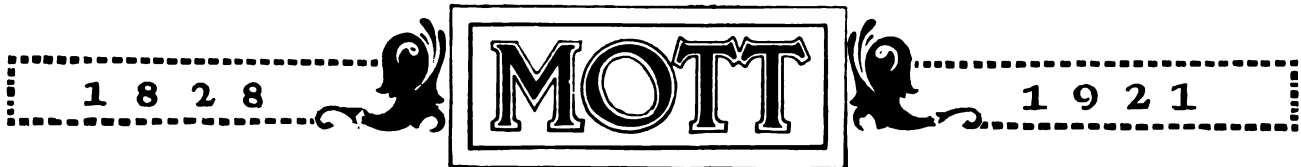
If you have bought War Department Surplus Property before, you know the exceptional opportunities. If you are now making your initial purchase, you will discover a new, reliable and most economical source of supply.

Watch for the Coming Sales

SURPLUS PROPERTY SECTION

Office of the Surgeon General of the Army
Munitions Bldg., Washington, D. C.

WAR DEPARTMENT
"Surplus Property Sales"



The "Hydro" room in Dr. Deal's newly equipped institution — First National Bank Building, Springfield, Ill.

From the rose spray shower and needle with a minimum of brass work to

the Control Table with thermostatic regulation of water temperatures—the equipment throughout is the best that science and skill can produce. Mott specialists are at your service.

THE J. L. MOTT IRON WORKS

TRENTON, N. J.

NEW YORK: FIFTH AVENUE AND SIXTEENTH STREET

†Boston
†Chicago
†Lincoln, Neb.
†Seattle

MOTT COMPANY, Limited
†Toronto, †Minneapolis, Can. †Montreal,

†Jacksonville, Fla.
†St. Paul, Minn.
†Newark, N. J.

†Des Moines
†Detroit
†Toledo

MOTT SOUTHERN CO.
†Atlanta, Ga.
†Showrooms equipped with model bathrooms

Indianapolis
Dayton, Ohio
†St. Louis

†Cleveland
†Kansas City, Mo.
†Salt Lake City

MOTT CO. of PENNA.
†Philadelphia, Pa.

Pittsburgh
†Washington, D. C.
Columbus, O.

†San Francisco, Los Angeles

Houston, Texas
†Portland, Ore.
El Paso, Texas
†Havana, Cuba

MOTT CO. of CALIF.





*The New
General Hospital
to be
Erected at
Portsmouth, N. H.*

The Hospital Portsmouth Needed

Building fund raised in seven days.
Campaign organized in four weeks.
Total subscribed by public, \$150,421.
Population of Portsmouth, 14,000.

CAMPAIGN UNDER THE DIRECTION OF

WILL, FOLSOM AND SMITH

512 Fifth Avenue (at 43rd Street)

New York

How Portsmouth Realized Its Biggest Civic Achievement

WHAT OTHER TOWNS HAVE DONE, PORTSMOUTH CAN DO — AND MORE.

\$150,000. IN ONE WEEK FOR YOUR NEW HOSPITAL

It's Up To Every Citizen Whether The Hospital Goes Backward or Forges Ahead.

R. Clyde Harpison, Chairman Men's Division

MEN'S DIVISION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	EXTRA	TODAY'S GRAND TOTAL	GRAND TOTAL			
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Halve the Labor of Dishwashing

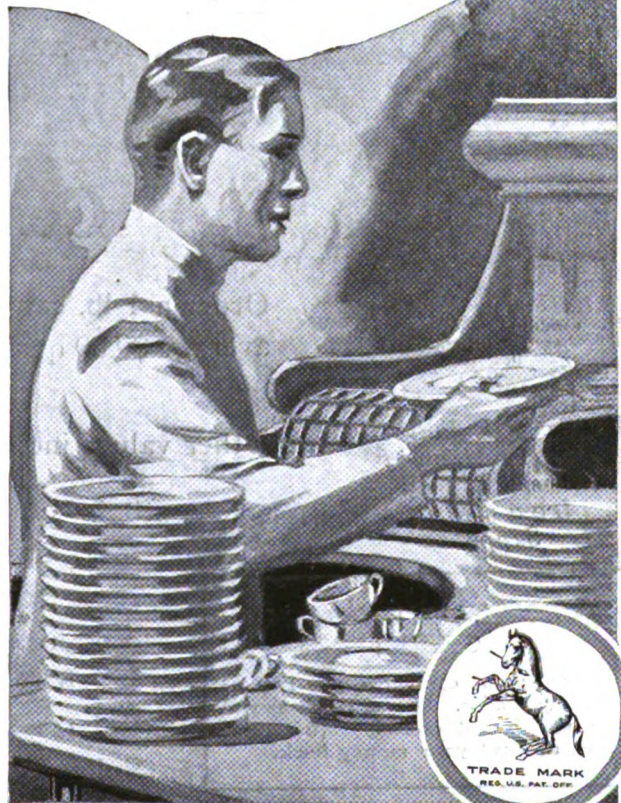
HALF the labor of washing dishes is wasted in needless handling, such as packing tableware into baskets before washing, and removing the clean dishes afterward.

One of the secrets of Autosan economy is the elimination of packing in baskets. Dishes are placed directly upon the moving conveyor and removed as easily a few seconds later, washed, rinsed, sterilized and dried.

The Autosan halves the labor of dishwashing by eliminating unessential motion, cutting payrolls 66⅔ per cent. Breakage is reduced 60 per cent and by these twin savings the Autosan quickly pays for itself.

*Write for Folder K-50
and the facts about how the Autosan will save for you.*

COLT'S PATENT FIRE ARMS MANUFACTURING CO.
HARTFORD, CONN., U. S. A.



AUTOSAN

TRADE MARK REGISTERED U.S. PAT. OFFICE

**DISH AND SILVER
CLEANING
MACHINE**

*Padding and Covering for
Mangles Cut to Fit All
Machines.*

Knitting Padding
Wool Felt
Hair Felt
No. 12 Cotton Duck
Enamel Cloth
Special 90-inch Sheeting
Economy Sheeting
Special Covering
Asbestos Paper
Wash Room Dept.
88% Chip Soap
Soap Powder
Neutral Soda
Soda Ash
Caustic Soda, 10-pound Cans
O-So-White Liquid Bleach
Chloride Lime—10-pound Cans

Blue
Flatwork Blue
Shirt and Collar Blue
Wet Wash Blue
Ball Blue

Baskets
Canvas Baskets
Canvas Trucks
Splint Baskets
Washroom Trucks
Rattan Baskets

Pins
Bank Pins
Safety Pins
Marking Pins

Buttons
Shirt Buttons
Bone Buttons
Underwear Buttons
Collar Buttons (Wood)
Pearl Buttons

Ink
Black Ind. Ink
Red Ind. Ink
Marking Machine Ink
Marking Pens Ink

Nets
Handkerchief Nets
12x20 Nets
18x30 Nets
24x36 Nets

Wax
Japan Wax
Paraffine Wax
Beeswax

Tags
Marking Tags
Marking Pins

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Acetic Acid
Oxalic Acid
Ammonia

Stain Remover
Reducco Cabinet
Complete set for all stains
Iron Rust Soap
Ink Remover
Rust Remover

*We Carry a Full and
Complete Line in
Stock of all
Laundry
Supplies*

SPECIAL MONEY BACK OFFER!

Send us your open order. Let us
select the grades. Use as much as you
want and if not entirely satisfactory,
return and get your money back.

WHEN A CORPORATION BUYS

It considers price. Costs are a big consideration. Because, combined with quality, they affect the overhead up or down.

How do hospitals buy? Sometimes, like corporations—with judgment and regard for economy—sometimes, **like some hospitals**, ill advisedly.

For instance, buying laundry supplies, locally because of desire to support home activities, when by ordering from the big supply house, money can be saved and standard products assured.

Try Economy Mercantile laundry supplies and test them for quality and price—in one case, none lower—quality, none higher.

Compare These Prices:

Order a 1 lb. can of Johnson's Economy Blue. Better than the
average \$9.00 quality **\$4.50 per lb.**

Other values include:

88% Chip Soap.....	93 ³ / ₄ c
Marking Ink, per qt.....	\$4.00
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Splint Baskets, per doz. up.....	\$33.00

ECONOMY MERCANTILE CO.

F. W. JOHNSON, General Manager

43-45-47 W. 16th Street

NEW YORK

Frequent Laundering Makes Demands

that



APRONS & UNIFORMS

are manufactured to withstand

The PRICE of DEAN Aprons is far below usual "low" standards. Our "no road salesmen" policy and our enormous production enable us to effect savings in costs which are passed on to our customers.



Nurses' Cap No. 1310, made of

INDIAN HEAD \$3.50
Per Doz.

Our Special No. 1311 same cap
made of Pearl Cloth.

\$5.00 Per Doz.

Cap is made with button adjustment so that it may be laundered flat.

(Illustration also shows how collar of Special No. 714 may be worn standing.)



Uniform No. 714
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the Loom

\$30 Per Doz.

Amoskeag Chambray plain blue,
plain grey, blue and white stripe.

\$36 Per Doz.

Terms 2% 10 days, net 30 days

This garment is made with convertible 2
in 1 collar and with a 4-button sleeve.
Sizes from 34 to 46.

The DEAN diamond label means that the garment is
made for SERVICE—of DURABLE fabrics—and
LOCK-STITCHED to insure enduring wear.

THE W. H. DEAN CO.

45 East 17th St., New York

Mfrs. of Aprons, Nurses' Uniforms and caps, and table scarfs
and doilies

WRITE FOR SAMPLES

OUR SALESMEN NEVER CALL



A notable development in food conveyor design

SOME years ago, the Ideal Food Conveyor made possible a new degree of perfection in hospital and institution food service. This announcement marks another notable development in food conveyor design. The new 1921 Ideal Conveyor has an improved four-wheel chassis. Because of this it can be noiselessly moved, with almost effortless ease, on its rubber tired, ball-bearing Colson wheels.

The Ideal—strongly built for hard usage—is designed on the fireless cooker principle of heat retention. Filled in general kitchen, it keeps food piping hot until most distant diet kitchen, ward or private room is reached. Food capacity suitable for large or small institutions. It lessens waste, saves time and work in serving, preserves freshness and moisture of foods.

The Ideal is already used by hundreds of leading hospitals everywhere—names and indorsements on request. Hotels, cafeterias, industrial restaurants also find it effects tremendous savings.

New book giving full details sent upon request.

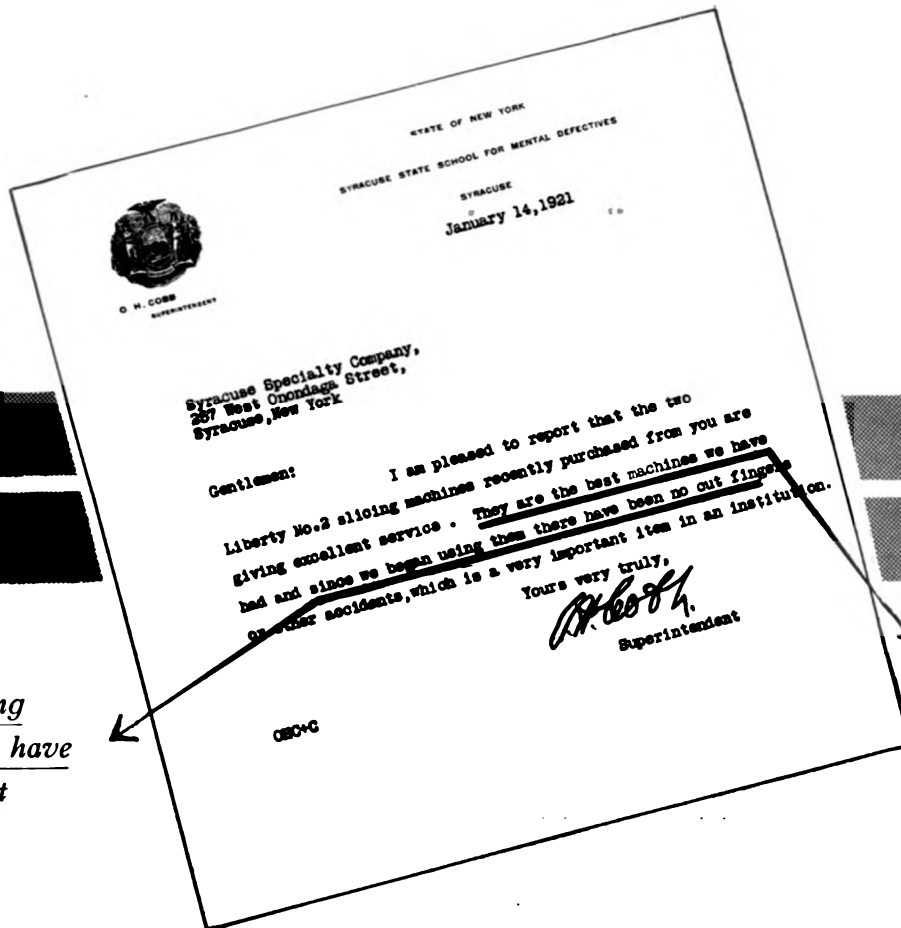
The Toledo Cooker Company, Toledo, Ohio

Also Makers of Toledo Fireless Cookstoves, Conservo Steam Cookers; and Ideal Aluminum Wear

“IDEAL”

FOOD CONVEYOR

Users of Ideal Food Conveyors can easily replace old two-wheeled chassis with new four-wheeled chassis. Write for particulars.



"Since using
them there have
been no cut
fingers"

"They are the
best machines
we have had"

Don't Waste a Crumb—

The Liberty Bread Slicer slices bread with an even thickness or thinness and not a crumb is wasted—nor does it matter what shape loaf it is—the LIBERTY will slice it. And the expense is not great. Don't take our word for it—ask any Liberty user.

*Wouldn't you like to know more about it?
Ask us. No obligation on your part.*

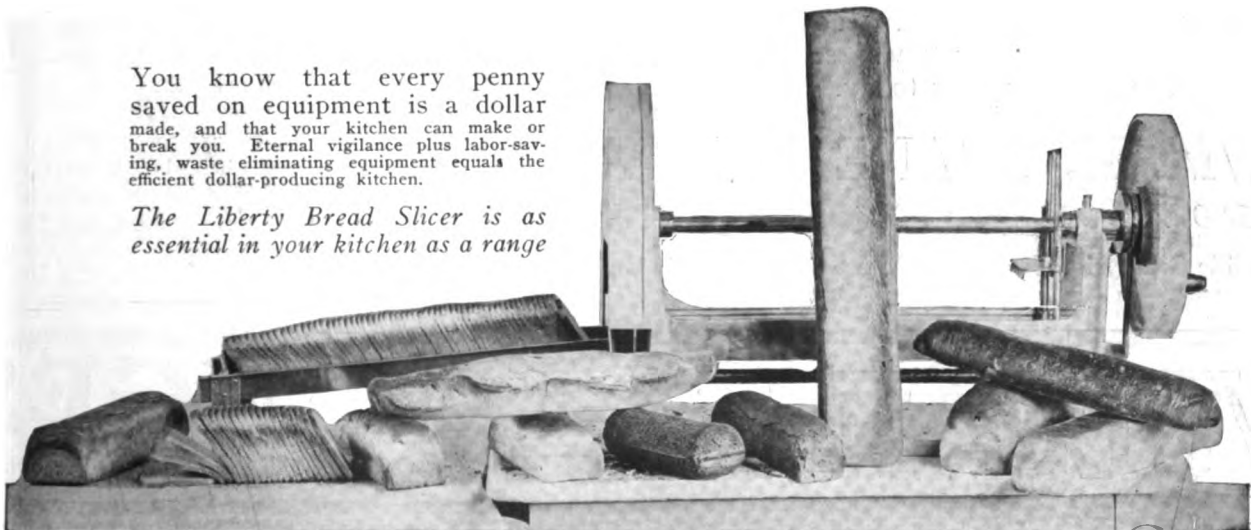
Liberty Bread Slicer, Inc.

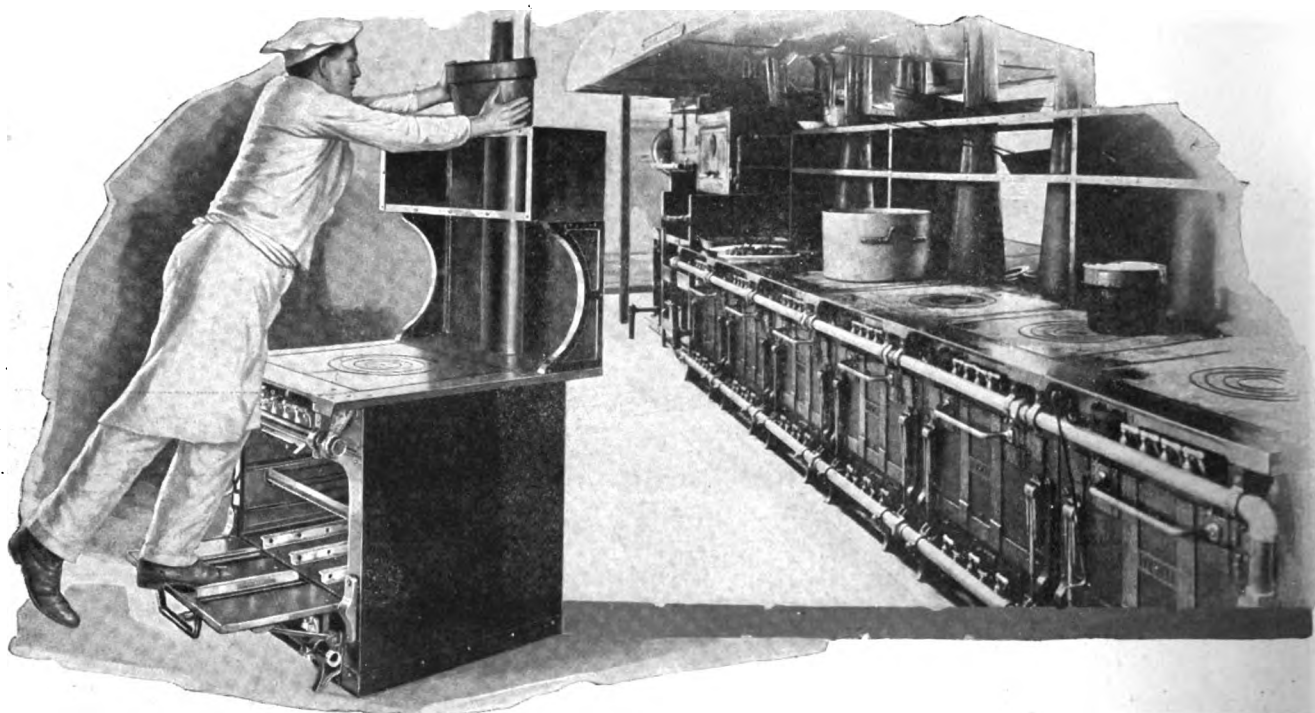
Main Office and Factory

108 Platt Street, Rochester, New York

You know that every penny saved on equipment is a dollar made, and that your kitchen can make or break you. Eternal vigilance plus labor-saving, waste eliminating equipment equals the efficient dollar-producing kitchen.

The Liberty Bread Slicer is as essential in your kitchen as a range





What Will Ten Years Do To Your Ranges?

TO first cost add that of replacements, repairs, fuel and—if you have coal ranges—the cost of firing, removal of ashes, ash can expense, coal storage space, etc.

Then compare the total with the cost of maintaining Vulcan Hospital Ranges.

You'll find a marked difference in favor of the Vulcan.

And Vulcan superiority does not stop with lower costs. It includes service in the broadest sense—quicker results, better cooked food, greater cleanliness, and less work and worry for the chef.

There is a score of good reasons why you should specify Vulcan Gas Ranges. Each is described in detail in the folders which we will send to you free upon request. Write for them today.

WM. M. CRANE COMPANY

16-20 West 32d Street

New York City

Pacific Coast Distributor: Northwest Gas & Electric Equip. Co.,
Portland, Ore.

**Doors Will Stand the
Roughest Usage**



When door is thrown open the shock is absorbed by spring balanced hinges and weight is carried by two upright sliding rods, which are supported by two brackets which reach the floor.

Other features are the smooth non-warping top heated by a central 4-ring burner, which gives superior cooking facilities and reduces operating costs.

VULCAN GAS RANGES

— and Equipment —



Department of Health and Charity,
Bridgeport, Conn., Leonard
Asheim, Architect, C. S. Eames
& Co., Plumbing Contractors.



Crane Surgeon's Lavatory
with instrument trays.



Crane Surgeon's Sink with
arm-action supply valve.

CRANE

Hospital Plumbing Fixtures

are distinctly a product of advanced ideas on the sanitation requirements of modern hospitals. Included in our extensive line are sizes and designs for all the varied requirements of dependable service.

Many of the leading hospitals throughout the country are equipped with Crane Plumbing Fixtures.

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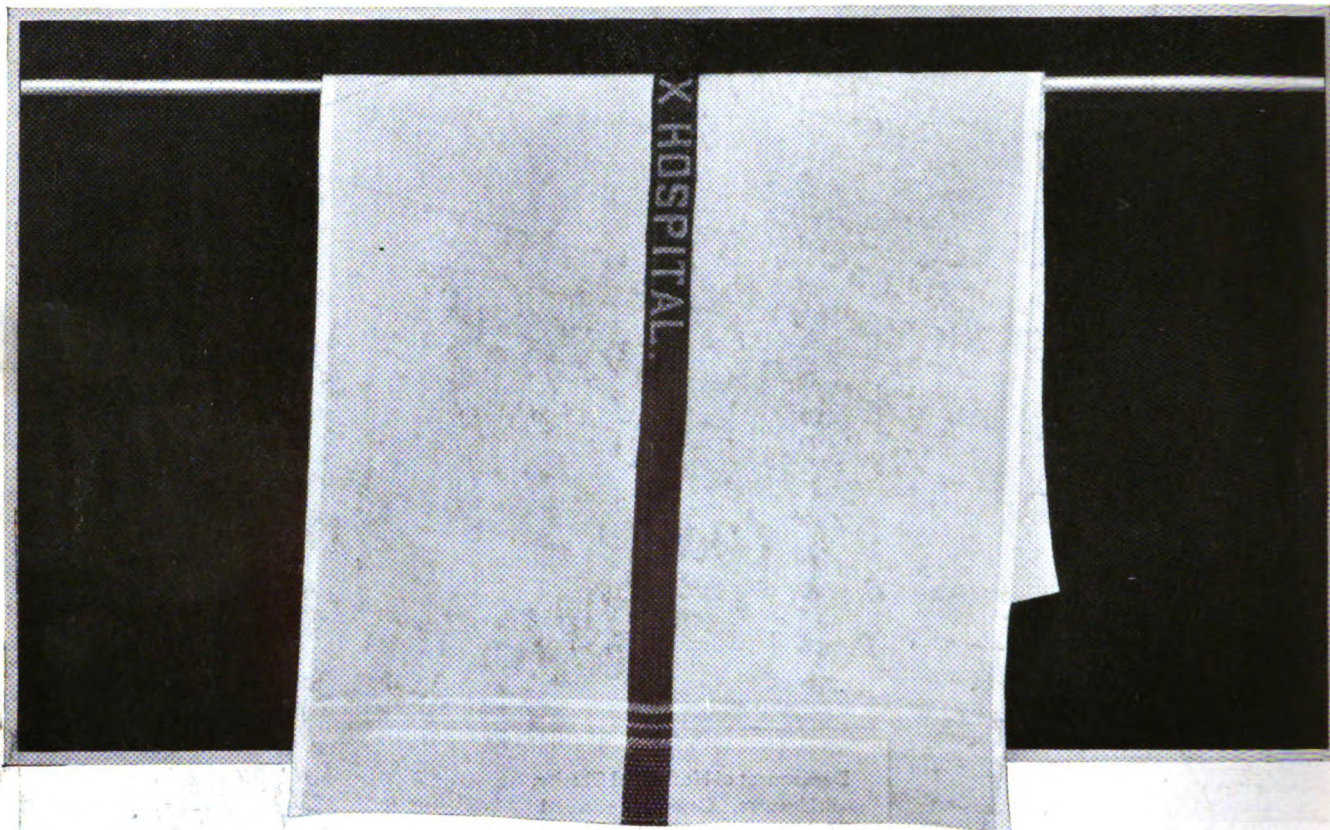
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The scarcity of linen has taught hundreds of hospital executives the value of fine cotton towels. Today, Cannon Name Towels are used in the leading hospitals of the country.

Cannon quality begins with raw, long-staple cotton. The thread is spun in mills owned and operated by the Cannon Manufacturing Company. The towels are woven under expert supervision on Cannon looms. They are bleached and finished by an exclusive process that was originated by Cannon chemists.

Cannon towels wear. They are unusually absorbent. They launder well and look well. They save you money on each year's bills.

You know the advantages of having the hospital name on your towels. It adds dignity. It prevents theft. If you have no laundry, it insures the return of your own towels from outside laundries. Names can be woven in white, red or blue, cross-wise on the borders, or length-wise through the center of the towels.



Name towels can be obtained in lots of 50 dozen bath or 100 dozen huck towels. There is a Cannon towel for every conceivable hospital purpose.

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Buyer's Guide to Hospital Equipment and Supplies

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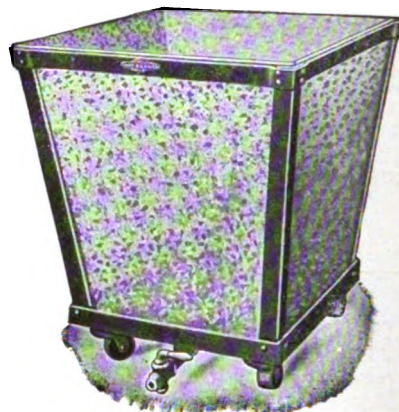
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You Can Welcome Visitors On National Hospital Day

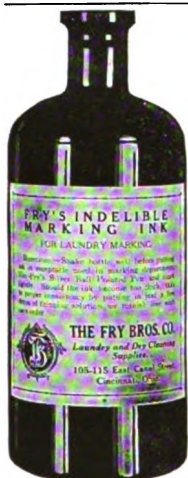
In your laundry as well as elsewhere in your hospital, if things are handled in the right way. And good laundry service such as we can help you to render, is a powerful factor in the comfort of patients.

Our Sanitary Wash Room Truck

"Built like a skyscraper," with a steel frame and galvanized iron tank, is one of the most useful pieces of equipment you can have, eliminating unsightliness and speeding up the work. Tank can be removed for cleaning.



Price \$40.00



Fry's Perfect Indelible Marking Ink

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Guaranteed to stand the Bleaching Process

PRICES

Quart	\$5.50
Pint	3.00
1/2-Pint	1.50
1/4-Pint	1.00

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Fry's Original—Silver Ball Points

Made especially for use with indelible ink. Will not corrode or rust.



Per gross\$1.50 Per dozen\$0.20



No. 18

We recommend our No. 18 Aniline Blue for high grade work. It is absolutely pure and specially adopted for all institution laundry work.

Price per lb.....\$6.00

FRYBRO WASHING SODA

Gives dependable, uniform results at all times. It is one of the most essential supply items required in every institution laundry for good work.



FRYBRO Saves

Time in washing—
Labor, by its quick and thorough cleansing qualities—
Money on your soap bills, and
Your Linens, by making lengthy washing unnecessary.



It is also a good sterilizer. FRYBRO is employed with chloride of lime to produce the best and most economical laundry bleach. Put up in barrels weighing 280 lbs. net, each. Write us about our contract plan, or send us your order for one, five or ten barrels. Our prices will save you money. Shipments from Cincinnati, Chattanooga, Indianapolis or Kansas City.

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Dept. H-4, 105-115 East Canal St.
CINCINNATI, OHIO

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Vol. XI, No. 4

April, 1921

HOSPITAL MANAGEMENT

537 S. Dearborn
Street,
Chicago

Published in the Interest of Executives in Every Department of Hospital Work

President Endorses National Hospital Day

THE WHITE HOUSE
WASHINGTON

March 29, 1921.

My dear Mr. Foley:

It is especially a pleasure at this time to express my interest in the work of the National Hospital Day, which seeks to arouse the largest possible public interest in the work of the country's hospitals and similar institutions. You have most properly chosen May 12th, the anniversary of the birth of Florence Nightingale, as the day to be celebrated as National Hospital Day. Just at this time those of us who are concerned in the administration of National affairs are having our attention forced to the very great need of expanded hospital facilities, by reason of the requirements of disabled soldiers. I can most heartily extend my good wishes for the most useful results from your efforts.

Very truly yours,



Mr. Matthew O. Foley,
Executive Secretary,
537 South Dearborn Street,
Chicago, Ill.

Hospital Day Sweeps the Continent

Hospitals of All Sizes and Types in United States and Canada enthusiastically Join in Educational Movement

By Matthew O. Foley, Executive Secretary, National Hospital Day Committee

Plans for a National Hospital Day on May 12, the anniversary of the birth of Florence Nightingale, pioneer in modern hospital and nursing methods, spread throughout the United States and Canada with phenomenal rapidity since the suggestion was advanced by HOSPITAL MANAGEMENT in its March issue.

Enthusiastic endorsements poured into the office of the executive secretary from superintendents of hospitals of all sizes and all types, in all sections of the United States and Canada, while the interest aroused among people outside the field may best be judged from the hearty encouragement given the movement by President Harding, governors of states, Surgeon General Hugh S. Cumming of the United States Public Health Service, Brig. Gen. Charles E. Sawyer, the president's physician, and others.

The outstanding feature of the reception with which the idea of National Hospital Day met was the ready recognition of the fact that this movement, generally speaking, means a great deal more to the small hospital in a rural or sparsely settled community than it does to the big city institution. The small institutions, moreover, constantly are in need of funds and of means of interesting their communities, and for this reason they are participating in the National Hospital Day movement with the greatest enthusiasm.

Some idea of the growth of the National Hospital Day movement may be gained from the statement that little more than a month ago less than a dozen hospital people were cognizant of such a plan, while as this is written organizations of varying degree of scope and efficiency have been set in motion in forty states and four Canadian provinces, with similar bodies in process of rapid formation in other sections of the two countries.

On other pages will be found the list of state and provincial chairmen, comments from governors, and suggestions from associations and others as to how to make most effective use of National Hospital Day.

"The plan for the observance of a National Hospital Day is splendid," writes Maude Lucile Howell, superintendent, Community Hospital and Training School, Falls City, Neb. "I believe we who are with the small hospitals will have more reason to be appreciative of this movement than the superintendents of the larger institutions. We are so busy

with the detail work, making both ends meet, that there is very little time left to try to get needed information before the public. We need to educate the public as to hospital needs, the benefit the hospital can be made to the community and as a health center, as well as other benefits."

Catherine H. Allison, R. N., superintendent, Winona General Hospital, Winona, Minn., in sending in the name of her institution as one of those that will observe the day, says: "We will hold graduating exercises on that day, also open the hospital and home for public inspection. We shall endeavor to have the merchants give us window space in the interest of National Hospital Day."

"I am very much interested in the movement for a National Hospital Day," writes Alma D. Graf, R. N., superintendent, Ohio Valley General Hospital, McKees Rocks, Pa., "and will do everything I can to interest the people of this community."

From Michigan Aleene M. Sleeper, superintendent, Nicholas Memorial Hospital, Battle Creek, sends word that "We are much interested in your plan to observe National Hospital Day, and heartily approve of the movement. We shall be more than glad to join with the others in observing the day."

And this from New York from M. Robertson, R. N., superintendent, O. L. Jones General Hospital, Jamestown: "We would be glad to have name of our hospital registered with the other hospitals which are to observe National Hospital Day, May 12, as we are heartily in accord with the idea and have already published articles in our city papers which appeared in the March HOSPITAL MANAGEMENT and intend to continue this publicity work. We will hold open house on that day and, if possible, have our graduation exercises in the evening."

Miss Alice Thatcher, superintendent, The Christ Hospital, Cincinnati, writes: "This is certainly a splendid idea, and we here in Cincinnati are planning to make a great day of it."

And Illinois: "I am glad to know that we are to have a National Hospital Day. I certainly want to join this movement, and shall do all I can to promote the interest of everyone I meet in it. I have already taken it before my hospital board and we have planned an open house on that date, both for the general public and for the university and high school girls interested in nursing. We are getting out a pamphlet showing many pictures of the hospital and different departments, and telling of our work and needs. We shall have our com-

mencement exercises at the James Millikin University on the evening of that date," writes Miss R. Helen Cleland, superintendent, Decatur and Macon County Hospital, Decatur.

A timely suggestion is contained in a letter received from Prescott H. Vose, president of the Eastern Maine General Hospital, Bangor. "The observance of National Hospital Day," he writes, "is certain to focus in a very effective way the attention of the public on hospital accomplishments and needs.

"May I make a suggestion? Appeals for hospital support are always made from the humanitarian standpoint exclusively. There is another view that ought to appeal. The basis of the



DR. LEWIS A. SEXTON
Chairman, National Hospital Day Committee

strength and progress of any community is in the health of the people. Hospital work pays in dollars by returning to the ranks of the workers—the producers of wealth—thousands who, without the care and treatment received, would die or become permanent burdens to their friends or to the community."

These letters, taken at random from those that have poured into the office of the executive secretary of the National Hospital Day Committee from all parts of North America, indicated how the National Hospital Day idea has been received by all kinds and sizes of hospitals.

The executive secretary of the National Hospital Day Committee has supplied all hospitals that inquired with suggestions for programs and publicity, and will continue to do this as additional institutions are enrolled in the movement.

Governors Endorse Day

State Executives Offer Co-operation in Calling Attention of Public to Hospital Service

Governors of many states have become interested in National Hospital Day and the efforts of the hospitals of their commonwealths to attract public attention to the scope of hospital service. In many cases the governor announced his intention to issue a proclamation shortly in advance of the day, and in other instances even greater co-operation was offered.

General Oliver H. Shoup of Colorado, who is president of the Presbyterian Hospital of Colorado, of which Pliny O. Clark, a member of the National Hospital Day Committee, is superintendent, has evinced such interest in the movement that he has personally undertaken the selection of the state chairman for Colorado and promised active participation in other ways.

Governor Channing H. Cox of Massachusetts endorses National Hospital Day in the following letter:

"The observance of National Hospital Day—the observance that is to bring before the public the place which the hospital has in the life of every community—is well worthy of endorsement of every one interested in humanity and civic progress.

"It has a special significance at this time on account of the many disabled service men who are in various institutions throughout the country.

"The observance of National Hospital Day has my most hearty good endorsement and cordial good wishes for success."

Governor E. F. Morgan of West Virginia writes as follows:

"Let me add my endorsement to your proposed observance of National Hospital Day on May 12th, when, as you state, efforts will be made to acquaint the public with the true scope of hospital service. It is, indeed, a pleasure to commend such an undertaking.

"West Virginia has been very generous in the maintenance of her state hospitals and in the extension of aid to worth private institutions, and I trust the educational plan evolved by your committee will awaken and stimulate increased public interest in these institutions."

Governor Thomas E. Campbell of Arizona says: "I am very glad, indeed, to endorse the movement for observance of National Hospital Day on May 12th. Any movement which has for its objects the arousing of public interest in the true scope of hospital service meets with my hearty approval.

"I will be pleased to receive further particulars from you as to the general plan for the observance of this day and to designate same by proclamation in due time as suggested by you."

Governor Charles R. Mabey of Utah tells of his interest in National Hospital Day as follows:

"I shall be pleased to make a public statement in the interest of National Hospital Day, May 12th.

"I have advised Dr. Root, your state representative, to that effect.

"Any further co-operation which may come within my province to render, I shall be pleased to contribute."

"I shall be glad to give publicity to the fact that May 12th is to be National Hospital Day," writes Governor Lynn J. Frazier of North Dakota. "I assure you I appreciate the good work the hospitals are doing and trust that this movement will be of great benefit."

Governor Edwin P. Morrow of Kentucky says:

"I have already issued a statement to interested parties in Louisville, approving a National Hospital Day."

Governor J. O. A. Preus of Minnesota writes:

"The matter of National Hospital Day was brought to my attention by Mr. Haugen of the St. Paul Hospital and I sent him a statement endorsing the movement."

This statement follows:

"May 12 is to be observed this year as National Hospital Day. The setting aside of one day in which to arouse public interest in hospital service is most commendable, and I trust that the day will be appropriately celebrated in Minnesota. It is proper and necessary that the public know more about what the modern hospital offers to the sick and suffering and what it is doing for humanity.

"Hospital service and nursing offer reasonably fair remuneration at the present time. In addition to that, it offers splendid training, and those who engage in this work have the added satisfaction of knowing that they are performing a most valuable service to humanity. If National Hospital Day will interest some of our young people in this work the day is not observed in vain."

Phipps Institute Asks Information

"Dr. Lewis A. Sexton of Hartford, Conn., has referred us to you for information concerning National Hospital Day," reads a letter to the executive secretary of the National Hospital Day Committee from Mrs. Milton C. Stein, director of publicity, Henry Phipps Institute, Philadelphia. "We are very much interested in the project and should be glad to get in touch with our local committee if one has been appointed."

Board and Staff Vote Participation

"Our Board of Trustees and Medical Staff are in favor of observing National Hospital Day," writes Miss Pearl Stout, superintendent, Faxon Hospital, Utica, N. Y. "We will extend an invitation to the public to make a general inspection of our institution."

"I Heartily Approve"

Surgeon General, U. S. P. H. S., Tells of Lack of Information Regarding Hospitals on Part of the Public

Mr. M. O. Foley, Executive Secretary,
National Hospital Day Committee,
537 South Dearborn Street,
Chicago, Ill.

Dear Mr. Foley:

I heartily approve your suggestion that May 12 be designated Annual National Hospital Day, on which special efforts shall be made to diffuse information concerning hospitals.

The public naturally lacks information on many points. For instance, although everyone who has tried to rent a house or who reads a daily paper knows that there is a marked shortage in buildings, few people realize that this shortage is particularly marked both in hospitals and in buildings that can be converted into hospitals. Most people, indeed, think that nearly any building can be made over into a hospital.

Such beliefs are due, of course, to lack of information in regard to the essential requirements of both the site and the construction of hospital building. The site, for instance, must have surroundings that are sanitary both in summer and in winter, an abundant supply of good water, a cheerful outlook, a satisfactory weather exposure, and must be quiet and yet not too far removed from noisy transportation and from markets. The buildings must have, besides the necessary wards, sleeping accommodations (either in themselves or close at hand) for a personnel more than half as great as the expected patients, and also bathing, cooking, and laundry facilities sufficient for a hotel, isolation wards, a laboratory or pharmacy, solidly built operating rooms and so on. And buildings are to be converted into hospitals must have rooms that can be altered to meet these needs at reasonable expense.

A National Hospital Day will justify itself if it does no more than to inform the public that barns cannot be converted into hospitals—and that at present even barns are by no means easy to come by.

(Signed) H. S. CUMMING,
Surgeon General.

Athol Hospital Joins Observance

"Our hospital is to observe National Hospital Day, May 12. Details later," writes Mrs. Sarah D. Kendall, superintendent, Athol, Mass., Memorial Hospital.

Detroit Osteopathic in Movement

"Detroit Osteopathic Hospital is going to observe National Hospital Day, May 12. We are so notifying our local papers."—Albert E. Buss, business manager.

Sectional Chairmen Work Vigorously

State and Provincial Directors of National Hospital Day
Originate New Methods of Attracting Attention of Public

The plan of organization of the individual hospitals as determined by the National Hospital Day Committee included the appointment of a capable superintendent or a member of board or staff of a leading hospital in each state. Despite the fact that every state and province of the United States and Canada was to be represented by these state and provincial chairmen, and comparatively little time



DR. MALCOLM T. MacEACHERN
Canadian Member, National Hospital Day Committee

left for the selection of these representatives, the work was practically completed in a few weeks. In the middle of April only a few chairmen had not been named and in most of these this delay was due to the desire of the National Committee to have the governor appoint the chairman or where illness or absence necessitated a reconsideration of the person to be appointed.

The organization of the national and state and provincial committees for National Day in mid-April was as follows, with every indication that the few vacancies would be filled without delay:

NATIONAL HOSPITAL DAY COMMITTEE

Lewis A. Sexton, M. D., chairman, Superintendent Hartford Hospital, Hartford, Conn.

Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago.

Pliny O. Clark, superintendent, Presbyterian Hospital of Colorado, Denver.

Malcolm T. MacEachern, M. D., C. M., general superintendent, Vancouver General Hospital, Vancouver, B. C.

Norman R. Martin, superintendent, Los Angeles County Hospital, Los Angeles, Calif.

C. W. Munger, M. D., superintendent, Columbia Hospital, Milwaukee, Wis.

George O'Hanlon, M. D., superintendent, Bellevue Hospital, New York, N. Y.

J. E. Sampson, M. D., Greater Community Hospital, Creston, Ia.

Mary C. Wheeler, R. N., superintendent Illinois Training School for Nurses, Chicago.

P. W. Behrens, superintendent, Toledo Hospital, Toledo, O.

STATE CHAIRMEN

Alabama, Mrs. B. E. Golightly, superintendent, Birmingham Infirmary, Birmingham.

Arkansas, Miss Lillie Kennedy, superintendent, Logan H. Roots, Memorial Hospital, Little Rock.

Connecticut, Dr. Harold W. Hersey, superintendent, New Haven Hospital, New Haven, Conn.

District of Columbia, B. B. Sandidge, superintendent, Central Dispensary and Emergency Hospital, Washington.

Delaware, Townsend W. Miller, Delaware Hospital, Wilmington.

Florida, Dr. J. H. Durkee, St. Luke's Hospital, Jacksonville.

Georgia, Steve R. Johnston, superintendent, Grady Hospital, Atlanta.

Illinois, Clarence H. Baum, superintendent, Lake View Hospital, Danville.

Indiana, Robert E. Neff, administrator, University of Indiana hospitals and dispensaries, Robert W. Long Hospital, Indianapolis.

Iowa, Dr. Lee Wallace Dean, dean, University of Iowa Medical School, Iowa City.

Kansas, Dr. J. T. Axtell, Axtell Hospital, Newton.

Kentucky, Miss Alice M. Gaggs, superintendent, Norton Memorial Infirmary, Louisville.

Louisiana, A. B. Tipping, superintendent, Touro Infirmary, New Orleans.

Maine, Dr. Charles D. Smith, superintendent, Maine General Hospital, Portland.

Michigan, Durand W. Springer, superintendent, University Homeopathic Hospital, Ann Arbor.

Minnesota, J. E. Haugen, manager, St. Paul Hospital, St. Paul.

Mississippi, Dr. S. H. Harston, Mattie Hersee Hospital, Meridian.

Missouri, Dr. Louis B. Burlingham, superintendent, Barnes Hospital, St. Louis.

Montana, Dr. Donald Campbell, president, Murray Hospital, Butte.

Nevada, Dr. Horace J. Brown, Goldfield Hospital, Goldfield.

New Hampshire, Dr. H. L. Smith, St. Joseph's Hospital, Nashua.

New Jersey, Dr. B. S. Pollak, superintendent Hudson County Tuberculosis Hospital, Secaucus.

North Carolina, Dr. John Q. Myers, Tranquil Park Sanatorium, Charlotte.

North Dakota, Rev. A. O. Fonkalsrud, superintendent, St. Luke's Hospital, Fargo.

Ohio, Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati.

Oklahoma, Dr. Fred S. Clinton, president, Oklahoma Hospital, Tulsa.

Oregon, Dr. Andrew C. Smith, St. Vincent's Hospital, Portland.

Pennsylvania, Daniel D. Test, Pennsylvania Hospital, Philadelphia.

South Dakota, Dr. C. E. McCaully, St. Luke's Hospital, Aberdeen.

Tennessee, Dr. W. L. Vickers, superintendent, City Hospital, Nashville.

Texas, Dr. H. L. Hilgartner, president of staff, Seton Infirmary, Austin.

Utah, Dr. E. F. Root, Holy Cross Hospital, Salt Lake City.

Vermont, Dr. T. S. Brown, Mary Fletcher Hospital, Burlington.

Virginia, Frederick B. Morlok, Memorial Hospital, Richmond.

Washington, J. W. Anderson, Jr., superintendent, St. Luke's Hospital, Spokane.

West Virginia, Dr. J. A. Guthrie, Guthrie Hospital, Huntington.

Wisconsin, Miss Amalia C. Olson, superintendent, Luther Hospital, Eau Claire.

Wyoming, Dr. Fred W. Phifer, Wheatland Hospital, Wheatland.

PROVINCIAL CHAIRMEN

Manitoba, Dr. George S. Stephens, superintendent, Winnipeg General Hospital, Winnipeg.

Ontario, C. J. Decker, superintendent, Toronto General Hospital, Toronto.

Quebec, Dr. A. K. Haywood, superintendent, Montreal General Hospital, Montreal.

Saskatchewan, Dr. M. M. Seymour, Commissioner of Public Health, Regina.

Although the state chairmen have been requested only to write to the governor, mayor and the local press, and to make use of hospital, medical, nursing or allied association bulletin service, etc., if available, many of the chairmen have refused to stop at this and have developed new methods and avenues of publicity and of arousing the interest of the hospitals in their states.

Dr. Phifer, Wyoming chairman, for instance, asked the National Hospital Day Committee for a list of all the hospitals in the state and 100 copies of the press matter with the intention of getting into

direct touch with every institution and publication in Wyoming.

Mr. Test, Pennsylvania chairman, obtained a supply of reproductions of President Harding's letter of endorsement, some statistics regarding the value of hospital buildings, amount of work done, etc., throughout the country and prepared some interesting educational and publicity material.

Mr. Neff, Indiana chairman, wrote: "I have in mind getting into touch with the governor of Indiana, mayor of Indianapolis, all of the local hospitals, local chamber of commerce, various clubs of the city, both men and women, the state nurses' organization, the state medical society and our local medical society." Later Mr. Neff organized the Indiana State Committee for National Hospital Day, with representatives of leading hospitals in all parts of the state. This is a suggestion that can be followed with profit by other state chairmen as it means that whenever an appointment to the committee is made there will be further publicity in the various papers concerning National Hospital Day. Such a committee may be of any size desirable, although it is advisable to have on it representatives of a hospital in each of the larger cities and some representation for various sections. Where such committees are appointed, the names of the committeemen should be sent to the executive secretary of the National Hospital Day Committee for purposes of record.

Another activity of Mr. Neff was the preparation and distribution of publicity through 116 papers in Indiana having a circulation of 800,000.

Dr. Dean, Iowa chairman, utilized the University of Iowa for publicity service to spread news and information of National Hospital Day through the state, as well as making use of other means.

Dr. Myers, North Carolina chairman, mentioned National Hospital Day in North Carolina Hospital Association bulletins and on the program for the convention which is to be held at Pinehurst, April 26.

Dr. Axtell, Kansas chairman, is another who has notified all the hospitals of his state and who has communicated with the nurses' association.

Mrs. Golightly, Alabama chairman, writes that she planned to get into touch with clubs and other organizations in addition to following suggestions from the National Committee.

Miss Gags, Kentucky chairman, has arranged to have the graduation exercises of Norton Memorial Infirmary, Louisville, held on National Hospital Day and has written to each of the Louisville hospitals to enlist their co-operation.

Mr. Decker, Ontario chairman, wired his hearty approval of the National Hospital Day idea in accepting the appointment. Dr. Stephens, Manitoba chairman, added that all the hospitals of his province had been circularized, while Dr. Haywood, Quebec chairman, also expressed his pleasure at the

inception of the movement. Dr. MacEachern, Canadian representative on the National Committee, suggested the names of the provincial chairmen and now is considering representatives for the other parts of the Dominion.

Members of the National Committee have evinced just as much interest. Dr. Sexton, national chairman, writes that "I have called a meeting of the Connecticut Hospital Association for April 20 at New Haven, and we hope to have the state pretty thoroughly worked up before that time."

"I think New England will support the movement solidly. Every one seems enthusiastic," he adds. Dr. Sexton incidentally selected a very efficient director for Connecticut in the person of Dr. Harold W. Hersey, superintendent of New Haven Hospital.

Dr. Sampson is another most active member of the national committee. He has been boosting National Hospital Day on various trips and in addition to assisting Dr. Dean, Iowa chairman, has communicated with hospitals in other parts of the country to stimulate further interest. He also has interested a newspaper feature service, serving a large number of papers, in the movement, and has called the attention of the leaders of the American Medical Association to National Hospital Day.

Dr. MacEachern, representative of Canadian hospitals on the national committee, has had charge of the selection of the provincial chairmen, a work that is practically completed, and although his duties as general superintendent of Vancouver General Hospital are arduous, he has spent a great deal of time developing the movement in the Dominion.

Other members of the national committee have shown equal interest and the rapid development of the organization for the first observance of the day reflects much credit on all concerned.

Hospital Bureau Has Committee

Miss Donelda R. Hamlin, director of the Hospital Library and Service Bureau, writes Hospital Management that the bureau has no trustees, but that it is under the direction of the American Conference on Hospital Service which has a board of trustees. Dr. Colwell was named a member of the favor of observing National Hospital Day," writes ported in last month's issue.

Divide Spokane Community Chest Fund

Sacred Heart Hospital, \$141,000, St. Luke's, \$35,000, and Deaconess Hospital \$35,000, were the amounts received by Spokane, Wash., institutions as their share of the community chest fund.

Hospital Fire Brings \$300,000 Loss

Hospital buildings at Mitchel Field, Mineola, L. I., recently were destroyed by fire with a loss of about \$300,000, including much valuable equipment.

Hospital Day in Toledo

Plans Under Way for Hospital Publicity in Every Paper for Week in Advance of May 12

By C. A. Collin, President, Flower Hospital, and Treasurer, Toledo, O., Hospital Council.

The Hospital Council of Toledo has decided to observe National Hospital Day, May 12. A meeting recently was held by a committee representing the daily newspapers of the city of Toledo and the council to arrange for a spread of publicity, covering at least a week, in advance of May 12, with one or two pages each day of advertising and publicity.

We are going to try to lay out the biggest hospital spread that has ever been attempted in Toledo.

"Let George Do It"

"In my work as manager of St. Paul Hospital," writes J. E. Haugen, St. Paul Hospital, "I have more than once been confronted by the attitude on the part of the public, 'Let George do it,' and it is therefore needless for me to add that I am heartily in sympathy with any movement which has as its object the commendable one of arousing a more general interest in the care and treatment of the sick and the upbuilding of the hospital as an institution among us."

"We Heartily Co-operate"

"We heartily co-operate with the National Hospital Day movement," writes Miss Ida Nudell, R. N., superintendent, Good Samaritan Hospital, Lebanon, Pa. "Our object and aim will be to have the people of our city and community that the hospital services become better acquainted with the first and most important charity work in the community; second to educate and inform the people what it costs to run and maintain the hospital, and to recruit applicants for a training school which the hospital is greatly in need of."

Prof. Graves Named Chairman

Prof. Lulu Graves, honorary president of the American Dietetic Association, has been named chairman of the newly formed section on dietetics of the American Hospital Association, according to an announcement by Dr. A. R. Warner, executive secretary. The trustees of the A. H. A. at their January meeting authorized the formation of such a section, as well as a section on psychopathic hospitals, the chairman for which will be selected later.

Will Hold Open House

"Since ours is a small hospital," writes Miss Mabel O. Woods, R. N., superintendent, Dakota Deaconess Hospital, Brookings, S. D., "I believe the open house plan to the public will be the best program for us to carry out. I shall have literature printed to hand to visitors which will interest them in the hospital. I think it's a fine idea."

Anxious to Co-operate

"We are anxious to co-operate and make the day a recognized success," writes the sister superior, St. Rita's Hospital, Lima, O.

Suggestions for Program for May 12th

National Hospital Day Committee Offers Institutions Pointers for Arousing Interest and Obtaining Publicity

INSPECTION OF INSTITUTION DURING VISITING HOURS, AFTERNOON AND EVENING.

INSPECTION OF NURSES' HOME.

GRADUATION EXERCISES FOR NURSES' TRAINING SCHOOL.

PAMPHLETS describing the various services rendered by the hospital, some facts concerning its work during the past year, details of the number of loaves of bread, pounds of meat, etc., required, should be distributed to all who come. Hospitals with nurses' schools should devote considerable part of this pamphlet to the ideals of nursing, requirements, etc., for admission and the expansion of nursing service along public health, industrial, tuberculosis and other lines, as well as to the opportunities open to graduate nurses.

Tactful guides should be provided to take visitors through the buildings. Emphasis could be put on some department that is unusually well equipped or that is doing splendid work, and attention also could be directed to a department badly crowded or in need of apparatus. During the inspection of the hospital attention could be called to the work done by each department inspected and visitors at the nurses' home could be impressed with the comfortable quarters, good food, etc., with particular stress laid on the fact that nurses are being educated and not exploited.

At the graduation exercises a leading clergyman should be asked to say the prayer, the president of the hospital could be chairman and the mayor or some other prominent citizen be asked to talk. His subject might be "How Hospital Service is Expanding" and he could be given information concerning the development of pre-natal, out-patient, social service, and other preventive work of the hospital.

The superintendent could talk on "Our Hospital" and recite some facts concerning the origin and expansion of the institution, with data of an early period compared with the service rendered during the past year. The needs of the community and the necessary expansion of the present facilities could be dwelt on and then some figures given relative to the cost of caring for the average patient and the amount of free work done. An outline of the various departments, such as dietary, laundry, business administration, and others of which the general public knows nothing, would enlighten the audience.

If the superintendent also is superintendent of the training school she could condense her remarks on some of the topics outlined above and elaborate on the nursing profession, of the rapid development of this profession under the stimulus of Florence Nightingale and of the gradual elevation of training school standards. The growing demand for nurses in communities, industrial plants and for special hospitals could be explained and then the educational equipment of the school could be described in detail. Where there is a superintendent of nurses, the hospital superintendent could omit all reference to nursing and let the superintendent of the training school discuss this subject at length.

GENERAL MEETING. Through the hospital trustees,

women's auxiliary, etc., a public meeting might be arranged for the evening of May 12, if graduation exercises are not to be held. This meeting could be along the lines of the program suggested for the graduation exercises and could be made more attractive if some of the nurses would sing or render musical selections. Hospitals that have nurses' choruses or glee clubs could capitalize them at such gatherings.

HOSPITAL BALL. Socially prominent trustees or members of women's auxiliaries might arrange a ball, the proceeds of which could be devoted to some special work of the hospital.

FRATERNAL AND RELIGIOUS ORGANIZATIONS, in some instances, can arrange entertainments, dances, etc., at which a prominent lay speaker, who could be supplied with the necessary facts, would talk about the hospital service of the community, the special needs of the institutions, and the nursing profession. Such a talk could be an abbreviation of the talks suggested in the foregoing for the graduation exercises.

PUBLICITY

Publicity is the vital factor in a successful hospital day. Hospitals should use every means to bring National Hospital Day to the attention of their communities and to stimulate other hospitals to participate. A general meeting such as outlined above, held in the interest of all the hospitals of the community, in addition to the individual hospital's program of inspection, would be of untold benefit.

GOVERNOR. Write to your governor and ask his endorsement or official comment on National Hospital Day. His remarks will be carried through the press and reach the entire state as well as your own people.

MAYOR. Write to the mayor for endorsement and official comment on National Hospital Day and your local papers will gladly print his remarks.

AMERICAN LEGION. Hospitals that are caring for ex-service men can obtain the endorsement of the local posts of the American Legion and through them that of the state organization. Such an endorsement of National Hospital Day will mean widespread publicity.

CHURCHES. Have the churches tell about National Hospital Day on the Sunday before May 12 and invite the public to go to the hospital and see for itself how the sick are cared for.

THEATERS. Moving picture houses will readily aid in the National Hospital Day movement by showing slides calling attention to the day.

SCHOOLS. Through the schools, particularly the high schools, an invitation should be extended to all girls interested in nursing and to their parents to come to the nurses' school and see for themselves the actual living conditions, educational and recreational facilities of pupil nurses. This announcement should be made the Friday before National Hospital Day and again on May 11.

MERCHANTS. Department stores might be prevailed upon to have a National Hospital Day window, showing gifts acceptable to patients or supplies in use at the hospital. Florists, confectioners, druggists, etc., also could be interested in National Hospital Day

since flowers, stationery, etc., will be bought by friends of the patients or sent on May 12.

TRUSTEES. Have each one of your trustees and members of staffs, auxiliary boards, etc., interest themselves in National Hospital Day. Their prominence insures attention to anything they say and thus they can be made an important factor in the newspaper publicity.

PRESS. First, have the president of the board or some other officer tell the owner of the local papers that on National Hospital Day gifts of various kinds will be brought to the hospital and that the paper could have a National Hospital Day page or column of small ads from florists, department stores, etc. This would mean additional revenue to the papers and they would be interested in telling the people about National Hospital Day so as to convince the merchants of the advisability of running cards on the page. This page of ads could be run the Sunday before May 12 and maybe daily from then until National Hospital Day.

Second. Have you used the article for the press in March HOSPITAL MANAGEMENT? This is an admirable introductory notice to your local papers. Follow this up as you decide on each detail of the program. For instance, when you decide on the hours for visitors to the hospital on National Hospital Day, send a note to that effect to the papers, along with something about the organized effort to the 8,000 hospitals of North America to tell the public about their work. When you obtain the consent of the clergyman, the president of the board, the mayor and others to serve at your graduation exercises or meeting, send a note in separately and thus have that many additional notices in the press.

Have you sent in the name of your hospital to the National Hospital Day Committee?

The National Hospital Day Committee wants to list all institutions that participated in any way in the first "day."

Plans Membership Drive

Dr. M. L. Harris, president, and Dr. E. T. Olsen, superintendent, Englewood Hospital, secretary-treasurer, both of Chicago, headed the slate of officers of the Illinois Hospital Association that was unanimously re-elected at the annual meeting on March 18. Dr. Olsen's report of the progress of the various activities fostered by the association during the past year was very gratifying, and it was announced that during the coming year a membership campaign will be pushed. Heretofore, because of the importance of other work, no special effort was made to recruit members.

B. C. Convention July 6-8

The next annual convention of the British Columbia Hospital Association is to be held at Kamloops on July 6, 7 and 8, according to Dr. H. C. Wrinch, superintendent, Hazelton, B. C., Hospital, and president of the Association. The program is in the hands of a progressive committee that promises an interesting and profitable series of aspects of hospital work, medical, nursing, and business. The subjects taken up in the evening meetings will be of interest to the public and open to all.

P. H. A. Told of the "Day"

Dr. English Sends Notices to All Protestant Institutions Relative to Observance of May 12

Dr. Frank C. English, executive secretary and treasurer of the Protestant Hospital Association, has notified the National Hospital Day Committee that he has sent out a general letter to all Protestant hospitals calling upon them to observe National Hospital Day. The National Hospital Day Committee expresses the hope that similar action will be taken by other special hospital associations.

To Conduct Round Table

At the annual convention of the Ohio Hospital Association in Cleveland next month a feature will be a round table on May 17 from 9-11 A. M., conducted by the following:

9:00-9:30—PURCHASING—Conducted by Guy J. Clark, Cleveland.

9:30-10:00—HOUSEKEEPING—Conducted by Miss Elsie Druggan, Mansfield.

10:00-10:30—ACCOUNTING & RECORDS—Conducted by C. B. Hildreth, Cleveland.

10:30-11:00—MECHANICAL & LAUNDRY—Conducted by Sister St. Simon, Toledo.

11:00-11:30—DIETARY—Conducted by Miss Mary A. Jamieson, Columbus.

Now the Westerlin Hospital

"The Westerlin Hospital" is the new name of the Scandinavian Hospital of Iron Mountain, Mich., of which Dr. William J. Anderson is chief executive. Dr. Anderson has under consideration plans for expanding the facilities of the institution.

Award Contract for Hospital Building

Contracts for the erection of the new building for Marshall Browning Memorial Hospital, Duquoin, Ill., recently were awarded. The cost will be \$132,000.

Little Rock Hospital Plans Building

St. Vincent's Infirmary, Little Rock, soon is to have a new building. Pending this, the present structure has been remodeled.

Patients Carried Through Storm

Twenty patients were carried through a snow storm to the railroad station at Martins, Ky., recently when hospital building operated by Dr. Edward W. Stumbo was burned.

Hospital Opens at Rushville

The Culbertson Hospital at Rushville, Ill., recently was opened.

To Erect Tuberculosis Sanatorium Building

A tuberculosis sanatorium building is to be erected by the city of Grand Rapids in the near future.

To Establish a Hospital

Dr. D. L. Elder and Dr. J. F. Elder of Hopewell, Va., are planning the establishment of a new hospital.

Public Health Service to Utilize "Day"

Commanding Officers of Government Hospitals Instructed to Make Fullest Use of National Hospital Day

The National Hospital Day Committee has received the following communications from Dr. Charles Bolduan, chief, section of public health education, United States Public Health Service, relative to the observance of National Hospital Day by the 60-odd government hospitals:

"I enclose herewith copies of matter that we are sending to our 60-odd hospitals. You will find it self-explanatory.

"I hope that National Hospital Day will be a great success."

The communications attached to this letter included the following, which, while written with particular reference to government hospitals, and containing many of the suggestions prepared by the National Hospital Day Committee, yet offers other ideas that may be taken up by general hospitals:

To the Officer in Charge:

Sir,

An organized effort is being made to bring about the adoption of May 12 as an annual National Hospital Day, the date chosen being the anniversary of the birth of Florence Nightingale, pioneer in modern hospital and nursing work. The Bureau believes that this effort offers an excellent chance to better inform the public as to what its hospitals are doing for sick and disabled soldiers; and you are therefore directed to utilize the suggestions made in the accompanying papers in the hospital in your charge.

It is particularly desirable to obtain publication in your local papers of pictures of the hospital, which should be at its best at that season of the year. To this end it would be advisable for you to visit the editors as soon as possible after receiving this letter, to explain to them what is contemplated, and to offer to provide special facilities for taking pictures of interesting phases of the hospital work if they should care to send around their photographer.

You should leave with them (or for them) copies of Letters A and B (appended), with the suggestion that they might like to use some of the data immediately. All the editors should be visited (or letters left for them) on the same day. Do not play favorites.

Letter A is the Surgeon General's indorsement of the "Day." Letter B is an attempt to set forth the sort of data that the editors would welcome; copies should be typewritten in your office, one (an original, not a carbon) for each editor, and should be signed by you. Of course only such details as apply to your particular hospital should be used.

At least twice more before May 12 other letters should be sent to the papers, preferably to the city editors. One letter might mention some of the monthly expenditures of the hospital—so many loaves of bread, cans of milk, pounds of butter and meat, yards of clothes line (to dry laundry) etc. In the same letter information might be given about diversions and occupations offered to the ex-soldiers—reading, plays, "parties," Red Cross activities, occupational therapy, games, etc. Another letter in regard to the work of the Public Health Service as a whole (mimeographed copies inclosed) should be widely disseminated, first by sending type-written copies to the local papers and later by distribution of the mimeograph sheets to visitors on May 12. It is advisable to keep copies of all the matter you send out and to combine it in a general story which you might have printed for distribution.

Additional publicity might be obtained by getting local merchants to dress their windows with a hospital background. Ambulant soldiers might canvas for this. Also through the movies, which will probably be willing to exhibit "slides," showing soldiers, etc. at the hospital. Some photographer will probably supply the slides in return for permission to sell the pictures and to get his name on the screen.

The program for May 12 must of course be varied to suit conditions. However, some suggestions may be helpful:

Soldier patients should be stressed and every attempt made to show what is being done for them (food, comfort, service, amusement, etc.) and how well most of them are satisfied with it. People who see and talk with men, nine-tenths of whom are pleased with their treatment, are not going to put too much credence in the complaints of a few chronic grumblers. Briefly, the public is entitled to the facts. It is being supplied with misinformation from other sources.

The soldiers should hold open house for their friends between specified hours. They might send out special invitations.

The hospital should second this by announcing through the papers that it would be open to the public between the hours specified. The kitchen, laundry, dining room, occupational therapy room, and where possible, the operating room, wards, laboratory, etc., should be shown and explained by guides, who could casually mention any needs of the hospital—reading matter, for instance.

The Red Cross unit, if you have one, will prob-

ably want to do something. Its co-operation should be heartily welcomed.

The nurses might hold a special reception to the girls and young women of the community (or to the junior and senior classes of the high schools), show the actual conditions under which they live, and point out the desirability of nursing as a profession. (Remember that there is a serious shortage of nurses throughout the country.)

Please send to this office clippings from your local papers in regard to the observance of the day, anticipatory or actual, in your hospital.

It is realized that such work is additional to your many duties and responsibilities but if you can find time to do this or have it done it is believed to be well worthy of the effort.

By direction of the Surgeon General.

LETTER B

Editor. Dear Sir:

Thursday, May 12, will be generally observed throughout the United States by 8,000 hospitals as a "National Hospital Day," on which special efforts will be made to inform the public as to the services that the hospitals render and as to their relation to the community. May 12 has been selected as the most fitting date, because on that day was born Florence Nightingale, pioneer in modern hospital and nursing methods. I inclose a letter from the Surgeon General commending the establishment of the day.

This hospital (No.— of the U. S. Public Health Service) was (one of the Marine Hospitals established to care for merchant seamen, etc. and was in service long before the war) or (was one of the first hospitals established by the Public Health Service when Congress on March 3, 1919, directed it to care for the wounded and disabled soldiers) or (was an Army hospital during the war and was taken over, etc.) or (was originally a private hospital) or (a hotel or something) that was released by the Service on 19.....; etc.

It was first used as a general (or T. B. or N. P. hospital) but was later..... It was partly destroyed by fire on..... (add any other incidents). Its present capacity ispatients, who are cared for by..... medical officers,nurses, andother employes. Improvements now in progress (contemplation?) will increase its capacity to Like most hospitals its actual patient population fluctuates widely from day to day. At present it numbers..... The daily turnover is aboutdischarges andadmittances.

I should be glad to have you announce the adoption of May 12 and to use any of the foregoing data in that connection. Any further information that you may desire I shall be glad to supply so far as it is available; and I shall be very glad to see one of your representatives and assist him in any way to secure a good story for Hospital Day. Special facilities will be provided for any photographer whom you may care to send to the hospital.

The program for May 12 will include sundry receptions and exhibits, the details of which have not been decided, but will be sent you later.

Yours very truly,

.....
In charge of Hospital.

Hospital Calendar

National League of Nursing Education, Kansas City, April 11-15, 1921.

Indiana Hospital Association, Lafayette, April 27-28, 1921.

Georgia Hospital Association, Macon, May 5, 1921.

North Carolina Hospital Association, Pinehurst, April 26, 1921.

NATIONAL HOSPITAL DAY, MAY 12

Ohio Hospital Association, Cleveland, May 16-20, 1921.

Oklahoma State Hospital Association, McAlester, May 18, 1921.

Wisconsin Hospital Association, Milwaukee, May 25-26, 1921.

American Medico-Psychological Association, Boston, May 31-June 3, 1921.

Michigan Hospital Association, Ann Arbor, June 7-8, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Association of Hospital Social Workers, Milwaukee, June, 1921.

American Medical Association, Boston, June, 1921.

National Tuberculosis Association, New York, June, 1921.

Catholic Hospital Association, St. Paul, June 21-24, 1921.

British Columbia Hospital Association, Kamloops, July 6-8, 1921.

American Hospital Association, West Baden, Ind., September 12-16, 1921.

American Conference on Hospital Service, West Baden, September, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.

Protestant Hospital Association, West Baden, Ind., September 12-16, 1921.

Mississippi Valley Conference on Tuberculosis, Columbus, O., September 12, 13, 14, 1921.

Kansas Hospital Association, Newton, October 20, 1921.

American College of Surgeons, Philadelphia, October 24-29, 1921.

American Dietetic Association, Chicago, October 24-26, 1921.

National Society for the Promotion of Occupational Therapy, Baltimore, Md., October 20-22, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

American Nurses' Association, Seattle, 1922.

National Organization for Public Health Nursing, Seattle, 1922.

Methodist Hospitals to Participate

All Institutions in Church Are Notified to Prepare Publicity and Program for General Observance of May 12

The following letter from the office of the board of hospitals and homes of the Methodist Episcopal Church, Chicago, indicates how the Methodist hospitals are going to participate in National Hospital Day May 12:

"Following the advice of Dr. Ralph Welles Keeler, the director of publicity of the board of hospitals and homes of the Methodist Episcopal Church, I am enclosing a copy of a letter which has been sent to each one of our hospitals, urging them to observe National Hospital Day, Thursday, May 12, together with a copy of an announcement to be used in the daily papers."

The notice to the hospitals is as follows:

As you already know, Thursday 12, is National Hospital Day.

We are urging all of our hospitals to co-operate in making this day one which will register in the public mind the value of what hospitals are doing.

Doubtless you have already noticed some of the suggestions offered by "HOSPITAL MANAGEMENT," namely, (1) Invitation to public to inspect institution, (2) Distribution of literature telling of work and needs of hospitals, (3) Graduation exercises of Schools for Nursing, (4) "Open House" for High School girls and others interested in nursing, (5) Inspection of Nurses' Homes. If you are receiving "HOSPITAL MANAGEMENT" don't fail to look on pages 30 and 31 of the March issue for these suggestions. If you are not a subscriber these pages are being sent to you.

The general observance of this day throughout the country gives us an opportunity to call attention to what the Methodist Episcopal Church is doing in this most important ministry.

On separate sheet you will find a suggested item for use in your local newspaper. In the Christian Advocates for the first week in May we are printing two pages of material on Hospital Day and would suggest that you would send in brief items of interest concerning your hospital to the Editor of your local Advocate for use at that time.

It might be well worth while to have different hours of the day when Epworth Leaguers, Sunday School members, Men's and Women's Clubs, Mother's Clubs and similar organizations could be shown through the institution. An evening platform meeting would be very effective.

The following suggestion has been made by Mr. C. A. Collin, namely, that you appeal to your local newspaper and suggest to it soliciting advertising for Hospital Day from local florists and confection-

ers, getting an entire page and in the middle of the "page lay out" the attention of the public could be called to the observance of Hospital Day.

Cordially yours,

Corresponding Secretary.
N. E. Davis.

The press notice:

With the observance throughout the entire country of a day set apart to emphasize the ministry which hospitals render to the community, the nation is brought face to face with an element of its life which too often receives inadequate consideration. Only those who are sick think of a doctor, the well go merrily on their way unmindful that the doctor ministers in his office, at the bedside of the sick, or in the operating room of the hospital to restore health, prolong life, and give added joy to existence. What better time than Thursday, May Twelfth, National Hospital Day, for people of this community to acquaint themselves with the character and magnitude of the work done by our hospitals. For all over the country this "getting acquainted" will be going on.

In order that first hand knowledge may be had of what..... is doing, it has been decided to open the hospital on that day for general inspection, and an invitation is hereby extended to members of this community to visit the hospital some time during the day and see for themselves how an institution of this kind is run. Nearly everyone is familiar with the sight of the ambulance clanging its way to the hospital, but few know how well the hospital cares for their relatives and fellow citizens who may be sick or injured. The Nurses' Training School also extends an invitation to girls and those who may be interested to inspect the Home for Nurses and learn some interesting facts about this splendid profession.

..... Hospital is but one of sixty-seven hospitals maintained for public service by the Methodist Episcopal Church, the first of this great chain of humane institutions being established in Brooklyn, New York, in 1881 when it was opened "to Jew and Gentile, Protestant and Catholic, heathen and infidel, on the same terms." The Methodist Episcopal Church now maintains a Board of Hospitals and Homes with Headquarters at Chicago, which helps in the co-ordination and standardization of these great benevolent enterprises.

Hospital Construction Is Resumed

The work on St. John's Hospital building, Tulsa, Okla., is to be resumed shortly, according to E. A. Braniff, temporary chairman of the campaign committee which raised \$100,000 in 10 days.

Hospital Bequeathed \$20,000

Presbyterian Hospital, Philadelphia, recently was bequeathed \$20,000.

Palace Home of Prophylactic Colony

**Model Anti-Tuberculosis Institution Established at
Turin, Italy, in Palatial Mansion-Constructed in 1700**

By Walter Morritt, Ph. D., Turin, Italy.

A visit to this model colony of vivacious little tots was a real joy to the spirit. To be for several hours in the midst of that childish exuberance of spirit was to renew one's youth and to look with hope toward the future.

This little group of Italian "colonists" was started eight years ago by the vigorous initiative and tenacious persistency of Prof. Francis Abbe, head of the Provincial Health Department, and by him brought to such a state of perfection as to be called a "model" among the many similar institutions which have sprung up in recent years.

The Piedmont Hygienic Society in May, 1913, decided to renew and intensify the fight against tuberculosis already begun in 1889, in Turin.

The plan was, in addition to the other work of propaganda, etc., to provide an institution of prevention—new in Turin—whose task can be expressed in two sentences: "Separate children from tubercular parents before they become victims of the disease." Nothing would be gained, by the recovery of the parent, if in the meantime the chil-

same time grow up in an atmosphere entirely different from their accustomed one—cleaner—more airy and more wholesome.

The idea of this "Colonia Profilattica" is not new here in Europe for the plan of taking children from tubercular parents and placing them in the country with peasant families has been practiced for some years.

The Prophylactic Colony of Turin, Italy, was made possible by the munificent grant by the city of a fine old mansion several miles outside the city proper. It is a palatial building, constructed at the beginning of 1700 and formerly the summer residence of the Nigra family which numbers among its members the noted ambassador Constantine Nigra, a born diplomat whom Eugenia De Montiji, the beautiful Spaniard, exalted to the highest office in the imperial realm in grateful recognition for having saved her life during the turbulent days of the Commune.

In this palace were entertained as welcome guests King Victor Emanuel II, Count Cavour, of whom Nigra was the beloved secretary, and other conspicuous personages in those turbulent days when Turin was the capital of the new kingdom of Italy.

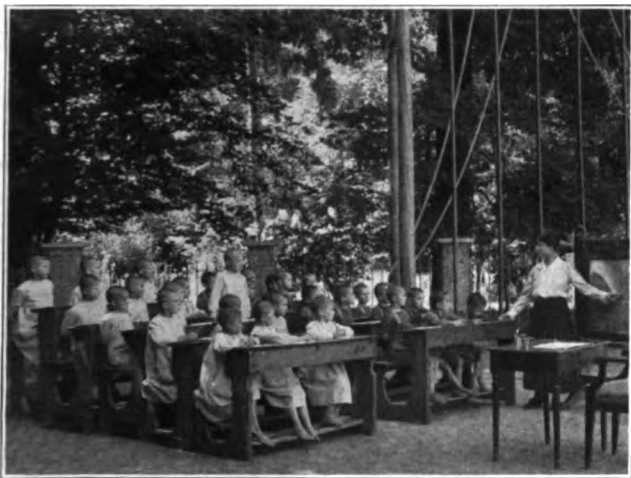
This historic palace is admirably adapted to its present work, with its long porches, its ample salons and halls, and surrounded as it is, by a fine old park and garden, far from unwholesome city slums or the noise of factories, but located in the midst of a vast expanse of field and meadow.

Of the ancient regal dwelling there is scarcely a trace left, for many alterations and changes were necessary to make it an appropriate habitation for the little colony, which, few in origin (about forty) form now a lively family of over one hundred and sixty members; both boys and girls.

I said that the prime purpose of the Colony was to build up, by means of wholesome and abundant food and plenty of exercise in the open air—the children of tubercular parents. I must add also, that under the guide of competent and self-sacrificing teachers, the education of the little ones is continued, which was begun in the public schools or the kindergarten.

Of course, it is well understood that for these children, delicate, and often anaemic, with that anaemia which is the forerunner of tuberculosis, while not really ill—and much less contagious, it would not be wise to shut them up at sedentary

(Continued on page 84) Digitized by Google



SCHOOL IN THE PARK

dren in the home are left exposed to the disease. Admitted and accepted that the disease is not hereditary, but that the children of the tubercular parents have a predisposition for the disease, and that such children removed from danger of contagion become strong as other children—then it becomes clear as the sun at midday: "Save the little ones."

This is the purpose which led to the founding of the Prophylactic Colony where the children of tubercular parents may have every care and at the

Handling 173 "Emergencies" in Hour

How Broad Street Hospital Handled Victims of Wall Street Explosion; Lesson in Preparedness for Superintendents

By A. J. Barker Savage, Secretary and Director, Broad Street Hospital, New York City; Consulting Superintendent, Harbor Hospital, Brooklyn, N. Y.; Women's Medical College and Hospital, New York; and the Memorial Hospital, Staten Island, N. Y.

Preparedness is the foundation of a hospital's efficiency.

This sounds like a truism. Really, it is a warning that must be kept in mind always by those who are responsible for the conduct of a hospital.

If they forget it, it is as certain as anything can be that they will be confronted with an emergency they cannot meet. There will be two consequences, one pitiful, one disgraceful. There will be much human suffering that could have been alleviated quickly, and the hospital's reputation for efficiency will receive a blow from which it may never recover.

The Broad Street Hospital stands on the extreme southern edge of Manhattan where the North and East Rivers join to flow into New York bay. Within a stone's throw of it are cloud-piercing office buildings, in each of which the working population equals that of a thriving town, are the terminals of elevated and surface roads, of subways and ferries which carry hundreds of thousands of persons daily; are great piers—and always great ships—on all of which tens of thousands labor. All of these sources contribute emergency patients to this hospital.

In establishing this Hospital, it was understood that it was to be merely an emergency hospital, and therefore only 35 beds were provided. It was soon apparent after opening the hospital that a greater bed capacity was necessary, and adjoining property on both sides of the hospital was acquired for the purpose of increasing the bed capacity.

The tremendous cost of building materials during the latter part of the World War and immediately thereafter, made it impossible to build at that time, but it was deemed advisable in the emergency to make certain alterations to the eight-story building at No. 17, South Street, which increased the bed capacity from 35 to 85, providing also suitable quarters for members of the house staff, who occupied quarters previously in the old building. This building also provides for X-ray laboratories, pathological laboratories, etc., quarters for the help, and the necessary dining rooms.

Fortunately, these alterations were just completed at the time of the Wall Street explosion, which made it possible for us to render such splendid services in that awful catastrophe. It would take too much

space here to tell how the alterations were made; but it is enough to say that foresight and economy are as necessary to an efficient hospital as preparedness.

To attain and maintain preparedness, the ordinary daily routine of a hospital must be carried out willingly but vigorously. The administration of this hospital is as follows:

1. Watchful work never ceases, but the real day's work begins at 7:00 a.m. when the day nurses succeed the night nurses on duty. Then breakfast is provided the patients and every ward and room is thoroughly cleansed before the rounds are made by the assistant medical superintendent, the superintendent of nurses, the assistant superintendent of the hospital, and the chief of the social service department. These rounds are very thorough; the patients are questioned as to whether or not they have any complaints to make, and whatever reasonable desire each expresses is met.

Surgical dressings and medical examinations are then made, and this is followed by the visiting physicians and surgeons making their rounds accompanied by the house staff. After this luncheon is served to the patients by the bedside method. This hospital employs the German hospital heating food conveyors, for whatever better methods are suggested to us, we adopt.

The afternoon is set aside usually for special consultations, examinations, etc. Visitors are admitted to the patients during specified hours on certain days.

2. Emergency cases are treated at any moment of the day and night. The large dispensary serves the public in the following clinics: surgical, medical, gynecology, obstetric, nervous diseases, eye, ear, nose and throat, genito-urinary, dermatology, pediatrics, cardiac, electro-therapeutic and X-ray. Each of these departments is controlled by a chief who has charge of that particular service; all are under the supervision of the assistant medical superintendent, Dr. Charles M. Levin.

On an average 150 patients are treated at the surgical clinic each day. The other clinics, although not so large, have shown a rapid growth during the past six months.

For acute emergency service, and to bring in those injured on the streets, ferries, railroads, piers

[illegible]

Dr.
J DARRIN JAVANE
SUPERINTENDENT.
R-A MONTAGUE
ASSISTANT SUPERINTENDENT

—to answer any call, three fast motor ambulances are always ready, day and night. The ambulance surgeons are chosen for their skill and alertness. The hospital is connected with police and fire headquarters by special telephone wires. Most important, in this connection, is that each ambulance is equipped with a complete surgical outfit, an obstetric outfit, immersion and gas asphyxiation outfits, and antidotes to combat any case of poisoning. Besides, each ambulance is fitted of all forms of splints, including Thomas splints; and, besides the ordinary stretchers, with stretchers for carrying patients down stairs without causing them undue pain.

We of the Broad Street Hospital in the City of New York try hard and try always to be prepared to meet anything that may face us. I write this proudly, but not vainly. I write it only that those who manage other hospitals may benefit, however little, from this brief description of our methods. Thanks to them we met an appalling emergency, a catastrophe that literally shook rocky Manhattan Island—the Wall Street explosion.

On September 16, 1920, three years almost to the minute after this hospital was opened, occurred "the Wall Street explosion," as it has come to be known. On that day 173 patients suffering from all degrees of wounds and injuries were treated, by the most scientific methods, in this hospital in one hour. It was the most alarming occurrence in a generation in New York City. A large quantity of some high explosive detonated at Broad and Wall Streets, the

very heart of the financial center of the world. On one side of narrow Wall Street is the United States Assay Office, and next to it the Sub-Treasury. Across the street is the office of J. P. Morgan & Company, close by is the New York Stock Exchange. Whether the explosion was caused by accident or was a stroke by terrorists matters nothing here. But its terrific effects emphasize what I seek to impress:

It is true that such a catastrophe happens once in a generation. But every hospital should be prepared to grapple with a similar situation at this very minute.

Luckily for us, in our desire to be useful and to alleviate human suffering, luckily for many of those who suffered, the scene of the explosion was scarcely a third of a mile from this hospital. At the instant it occurred, one minute after noon—the sub-treasury clock stopped and marked the time—the accustomed crowds on the neighboring thoroughfare were augmented with people who were going to luncheon. The blast strewn the streets with the dead, the dying and those in profound shock. A gripping, angry wind, driven by the explosion through the canyon formed by the tall buildings, stripped men and women of their clothing. One woman, nude and hysterical, stood shrieking and beating her bleeding fists against a wall. A bombardment of slugs, hurled by the explosive, filled the air. A hail of splintered glass descended as the windows of the rocking structures splintered.

In the panic the wildest rumors spread; United

States regular troops were hurried to guard the sub-treasury. Thirty-nine persons met instant or a more lingering death. Hundreds—no one will ever know how many—were injured more or less seriously. The Red Cross has computed that 166 families were bereaved or suffered the loss of their bread winners' services.

Certainly it was a moment for helpful men, particularly for physicians, to maintain composure. The eight wires coming to this hospital dropped almost simultaneously with urgent calls for ambulances to Wall and Broad Streets. It so happened, fortunately, that one of our ambulances, returning from a call in Nassau Street, arrived on the scene so soon after the explosion that the hood of the vehicle was damaged by the shower of glass, stone and iron.

Immediately we hurried out our two other ambulances, my own motor car and the cars belonging to other visiting physicians and surgeons who were, as usual, at the hospital. To this was added taxicabs and other conveyances that were placed at our disposal.

We take great pride in the fact that our three ambulances brought in the first victims within two minutes after they had been felled. Not only did the nine members of the house staff, the medical superintendent and assistant superintendent go out on these ambulances and other conveyances, but members of the visiting staff and nursing staff formed emergency units and did heroic work at the scene, while another large emergency unit worked on the victims that were brought to the hospital.

The method of surgical procedure that I placed in operation for the proper care of this tremendous emergency is as follows:

Six operating rooms were provided for immediately, three in the "old" building and three in the "new" building. Those in the new were fitted up in the X-ray department—in the stomach room, the fluoroscopic room and the general X-ray room. Each of these operating rooms were provided with a chief surgeon, three associate surgeons and two nurses. Everything was done swiftly, but with order; the more haste the less speed. The staffs were as follows:

I. Dr. Robert T. Morris, chief; Dr. Timothy F. X. Sullivan, Dr. Lawrence Page, Dr. George F. Goodfellow, associates.

II. Dr. J. Richard Kevin, chief; Dr. Joseph Brandeleone, Dr. William E. Young, Dr. J. Seldon Richardson, associates.

III. Dr. Lefferts A. McClelland, chief; Dr. T. B. Wood, Dr. E. B. Bickley, Dr. I. Sydney Ritter, associates.

IV. Dr. Aspinwall Judd, chief; Dr. John Hammett, Dr. John W. Perilli, Dr. Charles Perilli, associates.

V. Dr. Walter Brickner, chief; Dr. A. J. Beller, Dr. H. B. Kenner, Dr. S. A. Rose, associates.

VI. Dr. Ralph Alexander Stewart, chief; Dr.

Charles M. Levin, Dr. E. H. Harrison, Dr. Louis Fox, associates.

Dr. William H. Dieffenbach, the chief of the X-ray and electro-therapeutic departments, took immediate and complete charge of those departments and rendered wonderful service. They X-rayed more than a hundred patients, employing the three large machines and two portable machines at their disposal. This was done in the X-ray department, but more often at the patient's bedside, although the lack of space would have hampered anyone less expert. I may be permitted to say here that everyone connected with this hospital is very proud of the new technic in X-ray photography which has been discovered and elaborated here since the event which I am describing and which, in due time, will be explained in the medical journals.

Just here too I feel I should speak of the wonderful service that the American Red Cross rendered to the hospital and the public. Less than an hour after the explosion a corps of Red Cross workers, headed by a chief, were at the hospital. They not only instituted an information bureau, but a number of trained workers provided soothing soft drinks, sandwiches and coffee, to such patients as were permitted to receive them. Personally, I cannot find words to express my appreciation of the service rendered by these Red Cross workers.

They placed at the disposal of our own nursing staff, which had already done heroic work, five extra nurses on each floor. A Red Cross man was

It Happened

And We Couldn't Handle All of the Injured

It Can Happen Again

Help Us So We Can Help You!

Yesterday a catastrophe struck home—you know the story—the dead and the wounded lying helpless on the street waiting, begging for help that had to be summoned from all over the city—some even dying on their way in cabs, trucks and ambulances to distant hospitals.

All because WE couldn't even crowd them all under our roof. All because, through want of funds, through want of thought by business men, this most popular and congested "Wall Street" district has not had adequate hospital protection.

What has happened can happen again. We are appealing NOW to the business and financial interests of "Wall Street" district to help us make our equipment adequate to protect THEM and THEIR employees and to succor them in moment of need.

Give and give liberally. It is for your own protection, for your own benefit.

Whether your limit is \$1.00 or \$10,000, open your purse, and send contributions to

THE BROAD STREET HOSPITAL

placed on each floor to attend to the needs of each victim, notifying his friends, writing letters for him, sending telegrams, doing everything conceivable to comfort and soothe the mind of one suddenly stricken in such a catastrophe.

I am fully convinced that our own efficient social service department, headed by Miss Hellen E. Campbell, efficient as it is, would not have handled the situation alone. As it was they were tremendously over-worked. But they accomplished a signal service that the public should always remember.

For the benefit of all hospitals I wish to emphasize the fact that our success in meeting this emergency was due largely to our purchase from the medical department of the U. S. government of many extra blankets, mattresses, stretchers, beds and splints—in fact a full and complete hospital equipment. This purchase again exemplifies foresight and economy; this equipment was bought because it was cheap, but it was cheap because it was good. It was bought to hold until such time as our new buildings should be completed. But having it at our disposal we were enabled, with the aid of our splendid staff, to accomplish what we did.

After the sufferers had been operated on and returned to their wards, there were too many of them to be returned to the usual recovering rooms. So two physicians were placed in charge of each ward, together with the necessary nurses, to administer to the relief of the patients' pain and their general comfort.

The steward with his staff of assistants, porters, orderlies, and kitchen help, augmented with volunteer workers, immediately placed beds and cots in every available space in the hospital, including my office, my assistant's office, the office of the superintendent of nurses and the reception rooms. The beds of all convalescent patients who were able to walk were commandeered and the most serious cases of shock were placed in them.

The surgical procedure completed, tetanus anti-toxin was administered. Each patient was marked with a large "T" so that the dose of anti-toxin would not be repeated. Treatment for shock was administered and the Carrel-Dakin apparatus was instituted wherever necessary.

As I have said, 173 victims, many of them in the most serious and critical condition, were treated in an hour in a hospital which at noon that day contained 85 beds. The explosion occurred at 12:01 p. m. Four hours later the hospital routine was absolutely normal. Each case was being attended in a most efficient manner and with strictest obedience to orders.

Here are a few suggestions which, I think, may be of value to other hospitals.

1. Have on hand, beside the material in the hospital storerooms, an equipment equal to the care of at least three times the number of patients who

are usually in the hospital. This equipment should be complete in every detail, from a safety-pin to a Thomas splint. In this reserve there should be hot water bags, ice-caps, medicines, bandages, cots, sheets, beds, mattresses, pillow-cases—everything needed every day in a hospital. Then, and not till then, a hospital is prepared to meet everything—unless the heavens fall or the hospital itself be destroyed by an earthquake.

2. The surgeons sent out on a hospital's ambulance should be skilled and thoroughly trained, for they are the advance guards in repelling an attack that otherwise might overwhelm the hospital. A hospital should contain a most efficient receiving station for emergency calls which can take a dozen calls simultaneously, if need be, and dispatch an ambulance in two minutes at most after the receipt of a call. The ambulance drivers must be cautious but fast. If one is reckless, an ambulance will either not reach its destination or bring in more than the patient it was sent for.

3. Each ambulance in every hospital should be equipped as ours are.

4. There should be thoroughly equipped emergency rooms in every hospital to receive the patients from the hands of the ambulance surgeons.

All such service requires money and that means public support. So a hospital should not be too modest. It should not be a beggar nor should it shrink from informing the public of the good it is

You Men of Wall Street

Were your words empty words?

When you saw The Broad Street Hospital Thursday so pitifully handicapped by limited facilities in handling and succoring the wounded—when you saw them, lying there, even dying there, waiting for ambulances to take them to distant hospitals—

You said to yourself and to your neighbor, "Wall Street and lower New York needs, and can and should support an adequately equipped hospital; it should not rely on the charity of other sections of the city."

Were your words empty words? Some few have contributed. Are you going to permit yourself to sink back into the same unprepared, unprotected condition?

The Broad Street Hospital exists only to serve you and your employees and your neighbors. It is yours, here for your protection. Make it adequate to serve you in your moment of need. It is your only protection—make it real, make it big enough to meet your call, when you call.

Carry on, carry through your resolution.

Send your contribution now. Make it big enough to be representative of yourself, your company, your employees—and then add some for charity to others.

Send your checks to any of the following list of gentlemen:

James Barber, Chairman	Harvey Gibson
Elisha Walker, President	Raymond Fosdick
Charles E. Danforth, Vice-Pres.	Edward L. Wemple
Samuel Streit, Vice-Pres.	Ivy Lee
A. J. Barker Savage, M.D., Sec.	Oakley Wood
William Hamlin Childs, Treas.	William R. Jones
Henry L. Doherty	G. A. Blauvelt
Eugene V. R. Thayer	George C. Luebbbers
Henry E. Smolen	G. A. Brahl
M. Montague, Financial Secretary	

Care of the Broad Street Hospital

THIS "AD" FOLLOWED THE FIRST-ONE

doing, else it will die of inanition. It occurred to one of our directors, Harry Rascover, head of several large newspaper enterprises, and it suggested itself to me immediately after the explosion, that it would be well to advertise in the newspapers to acquaint the public with our needs.

We had rendered the public a single service it seemed that if they knew of it they would render to us what we most needed—money. So we did this:

The morning after the explosion we published an advertisement headed "It Happened, and We Could Not Handle All the Injured." This was printed in several newspapers for two days. Three or four mornings after this we published another advertisement headed, "You Men of Wall Street, Were Your Words Empty Words?"

Gratitude is as volatile as ether; appreciation grows stale as quickly as an uncorked bottle of soda water. But it was only needful to remind the generous men of Wall Street of what we had done and they gave us more than \$100,000. And they made, beside, large contingent donations which depend on our raising the balance necessary for our new building. This we will do, and we will make the Broad Street Hospital one of the greatest in the City of New York.

In order to meet the ever increasing demands of this district, we are building a twelve-story addition, the foundations of which are progressing very nicely, and it is expected they will complete the building by August. It is then our intention to commence another building of equal size and height, on the adjoining property on South Street, and a Nurses' Home in the center of the block, property of which we have already acquired, making a very splendid and complete general hospital, with departments for post-graduate teaching in the various specialties.

In addition to this, a splendid tract of land near Cranberry Lake, New Jersey, 56 miles from New York, has been purchased, and a beautiful convalescent home is now in the course of construction that will accomodate about 25 patients, the location of which is in the highest altitude in New Jersey. It is our intention to only transfer patients there for convalescence who have received surgical and medical attention in our own hospital. This, too, should be opened late in the Summer.

This will be jointly controlled by our social service department and the administration of the hospital. It is believed that through our excellent social service department, facilities of which are placed at the disposal of the hospital by many of the most prominent ladies of New York, that after this convalescent home is completed we will be kept in touch with our patients from the onset of their admission to the hospital until they have obtained complete recovery.

No system of hospital arrangement, metropolitan,

private or military can be regarded as in any way complete which does not comprehend the supplementary establishment of a convalescent home away from the city, but near enough to the city so that the railroad transportation of the patient will not interfere in any way with his health. All who are acquainted with our hospitals, especially those in New York City, know well how many patients return to their homes, only to have a relapse of their condition, for want of a proper asylum where convalescence may be promoted and matured into health—where pure air, gentle exercise and regulated diet may complete what the surgeon or physician has begun.

All of these properties of the hospital, valued at over a million dollars, are free and clear of any incumbrances on the hospital. There are over 3,000 contributors to the hospital, which assures its maintenance, and the annual deficit is always met by the board of directors themselves.

Some Recent Books

Brief Reviews of Publications of
Interest to Hospital Executives

NURSING IN EYE, EAR, NOSE AND THROAT DISEASES, by A. Edward Davies, A. M., M. D., and Beaman Douglass, M. D., F. A. Davis Company, Philadelphia.

This is a revised edition of the book while primarily prepared for the use of nurses, should be of great assistance to students and general practitioners. Much new matter has been incorporated, and an entirely new chapter on vaccine and serum treatment added. The instructions for the nurse are in great detail and they outline her exact duties during and following operations. Dr. Davis has written the chapters on the eye and Dr. Douglass those on the nose, throat and ear.

NUTRITION AND CLINICAL DIETETICS, by Herbert S. Carter, M. A., M. D., Paul E. Howe, M. A., Ph. D., and Howard H. Mason, A. B., M. D. Lea & Feibiger, Philadelphia.

The second edition of this book has brought it up to 703 pages, principally through the addition of some fifty odd pages in the section on feeding in disease, the result of a careful review of publications of the past three years dealing with the subject. All obsolete matter has been eliminated. The chapter on vitamins has been entirely revised, while new chapters were written on metabolism in pregnancy and lactation and feeding of children over two years old. Other features of the new edition are the chapters on energy, metabolism and digestion which have been revised.

Accounting in Hospitals of England

**Growing Realization of Value of Cost System Leads to Adoption
by Institutions; Simplicity, Accuracy and Elasticity Required**

By Major J. W. Pearce, Corps of Military Accountants, Fellow of the Chartered Institute of Secretaries, Formerly General Superintendent and Secretary of Birmingham and Midland Eye Hospital, Birmingham, England

[EDITOR'S NOTE: This is the first of a series of two articles on the subject "Is a Uniform System of Hospital Accounting Practical?" by a man who is an authority on accounting as well as a practical hospital executive.]

I may be permitted to give a brief outline of the purpose of accounts of trading concerns in general, and of the uniform system of accounts (now adopted by practically all of the large voluntary hospitals in this country) in particular; a brief definition of "cost"; what is meant by a "cost system"; and what I deem to be the purpose such a system would serve if applied to voluntary hospitals.

In general terms, the object of accounts of traders may be said to show the capital involved, the method in which such capital has been utilized, and the profit or loss which has resulted therefrom.

The accounts of all hospitals—whether presented in one form or another—serve a similar purpose, for they are intended to show the ultimate result of the utilization by executive committees of capital (consisting of endowments) plus annual contributions. It is quite probable, I think that had all contributions to the resources of hospitals been direct from the givers to the institution they feel drawn towards and not by any organized body, such as the Metropolitan Hospital Sunday Fund, or the King Edward VII Hospital Fund, the uniform system which you now use would never have been so widely adopted. A further purpose of that system is to provide subscribers and those responsible for the allocation of collected funds with ready means of comparison between institutions in order to judge their respective claims for aid, while it gives hospital committees and superintendents most valuable data with which to compare their working with that of institutions of a like character.

Cost may be defined as the sum of all expenses, direct and indirect, incurred in the production of a given article.

A cost system implies a systematic method of discovering cost as opposed to guessing. It involves a certain amount of routine, for no proper system can be evolved which does not necessitate some clerical work and the keeping of certain records.

Applied to temporary hospitals, a costing system would provide such examination as would enable those responsible for administration:

(1) To ascertain whether or not the fullest possible value is being secured for the time and money expended.

(2) To lay their fingers on weak places, both as regards waste of material and incompetent management.

(3) To throw light on past experience, and to locate extravagance or economy.

(4) To secure guidance for the future.

(5) To compare different methods of securing the same result (the cured patient).

(6) To check employees and prevent waste, both accidental and intentional.

It has doubtless been evident to all who take the least interest in present-day affairs and conditions that a tremendous impetus has been given in the last two and a half years to the question of costing in relation to business control, efficiency and economy. To meet the changed conditions due to abnormal years, 1914 to 1918, and to combat the keen competition in foreign trade, all possible means must be adopted to avoid high costs in manufacture, and many channels have, doubtless, been explored to promote efficiency with economy. Though the principles of cost accounts we have admitted for very many years it is only within the last few years that their value and importance appear to have been fully recognized.

In the olden days of numerous small master-men, with one or two employes, "costings" were unnecessary, but with the advent of large industrial combinations, controlling huge capitals, and with improved methods of manufacture, allied with increasing competition, more accurate methods of ascertaining how and to what extent profits or losses are being made, have become imperative.

It is no easy matter to secure the introduction of new methods in old-established undertakings, and the somewhat tardy recognition of the value of costings was probably due to the fact that where such systems existed much of the information was stale, and, consequently, valueless, while another reason for their unproductive results was that those responsible for the management of concerns never

even looked at the accounts or, if they did, they made no attempt to appreciate their import.

The conditions in the commercial world find their parallel in the hospital world. In the place of the comparatively small institutions of half a century ago there are now well-equipped buildings, replete with all modern equipment, and carrying on the tremendous work in which every voluntary hospital worker takes much justifiable pride.

Hospital work does not consist solely of treatment of the sick. Teaching, research, and healing are carried on side by side, and no institution is considered worthy of the name of hospital unless it be equipped with special apparatus for radiography, pathology, electrical treatment, and so forth, while, in addition, very many institutions run their own laundries and a still larger number carry on their own convalescent homes.

As the activities of a hospital grow so does expenditure, and so much more essential is it that hospital managers should know exactly the circumstances under which their institutions are carried on, both in total and in detail. I am convinced that hospital committees, with the increasing difficulty to secure adequate financial aid, must leave no stone unturned to render a good account of their stewardship, which is more likely than anything else to encourage prospective givers.

But, apart from the necessity of encouraging the charitably inclined, the fact that voluntary hospitals are today working more and more in conjunction with public authorities makes it imperative that the financial clauses of agreements in respect to patients whose treatment is recommended by such bodies should be on the soundest possible basis.

To secure, on the other hand, the monetary assistance of the generous, and, on the other hand, equitable treatment from bodies who should be just but have no right to be generous, hospital committees will need to elaborate the principle of costings, which, whether it is realized or not, is actually in operation wherever the uniform system is in use.

All costing systems have some "unit" of cost to work to, and in hospitals your unit is "cost per occupied bed per day." That is, undoubtedly, the best unit to which, in hospital life, it is possible to work. This, however, in all accounts kept on the uniform system, is not the only information your reports provide. You also give an equally important statistic—"the average stay per patient"—and by combining the two I have quoted, you give the total average cost of treating a patient to a conclusion.

This information provides the opportunity for comparison to which I have already referred, but if that were the only chief purpose for which your accounts are prepared, then, in my opinion, they are valueless as a means of ascertaining whether

you are in fact getting the fullest possible value for your money.

The introduction of a true costing system, carefully designed and intelligently applied, is not only applicable to voluntary hospitals, but as a means of controlling every item of cost, and what is perhaps even more important, of avoiding in the future mistakes of the past and of estimating probable future costs, such a system will unquestionably be of great value.

The same unit of cost was adopted for the accounts of military hospitals, but the methods used to arrive at that unit differ in a marked degree from those of the voluntary hospitals. So far as the latter are concerned, I have had actual executive experience at one only. Examination of the reports and accounts of many convinces me that my experience of that one hospital would, in the main, be identical with what I should find had I the opportunity of active participation in the work of these other institutions. So far as the military hospitals are concerned, I have been actively associated with the preparation of cost accounts of about eighty.

In voluntary hospitals no accounts are published which show the total cost of staff as distinct from the total cost of patients. The only head of expense which applies solely to staff is "salaries and wages," while the only head which can be definitely associated with the treatment of your patients is "surgery and dispensary." In military hospital accounts we show the net cost of maintaining patients, and, as separate accounts, the net cost of R. A. M. C., of nursing staffs, and of civilian subordinates.

To that extent alone army costings are much in advance of anything provided by the uniform system.

But this is not the only difference, considerable as it is. The published account of voluntary hospitals do not show the true cost of maintaining patients. They show the amount spent in cash in a year apportioned over the number of patients who have been under treatment; for out of reports of fifteen of the largest hospitals in England, I can only see one that definitely shows as an asset the value of its stock in hand, and this one hospital is so large that I can hardly conceive its being run with less than £6,000 worth of all stores. One hospital with an expenditure in 1919 of nearly £70,000 did not give a balance sheet in its printed report, so that I cannot say what method is in vogue there.

I have already submitted that in adopting the uniform system of account (and its adoption has undoubtedly been the means of saving large sums of money), you have actually conceded that the principle of costings is of benefit to the voluntary hos-

pitals, and in pointing out what I think are faults in the system, I am actuated solely by a desire to convince you (unless you are already convinced) that a true system of costings can be introduced easily.

It may be said, and with a certain amount of truth: "If you admit that there already exists, in voluntary hospitals, a costing system, what advantages will accrue from developing the system." To that I would reply, "In so far as, in these modern scientific days, no manufacture can be carried on successfully for any length of time without accurate knowledge of the cost of the articles manufactured, so, with hospitals, no institution can be carried on with the fullest measure of success without an accurate knowledge of the details of the cost of treating patients."

No system of costings should be introduced which fails to secure universal adoption. The main essentials of a proper cost system are that it should be (1) simple; (2) accurate; and (3) elastic. It should be simple because simplicity implies ease in operation as well as economy in clerical labor; it should be as accurate as possible, for if its principles are not sound, it will not command that general approval which will be needed to secure universal adoption; and it should be elastic in order that it can be adapted to all hospitals—large and small alike.

The advantages which can be derived from the keeping of cost accounts cannot be obtained without some trouble and expense. It is useless to embark upon their preparation unless there is willingness to devote time and money to securing their efficiency, for, though a rough method of "costing" may be possible without additional outlay, the results will be such that their accuracy or otherwise is incapable of proof, and it would be better to do without cost accounts altogether than to have a system upon which it is impossible to place absolute reliance.

On the other hand it is possible to over-elaborate and to become involved in expense out of all proportion to the results attained.

Hospitals which have already adopted the uniform system have at hand a most suitable foundation upon which to erect their cost-accounting structure, and there is no reason why this additional work should call for more than a slight increase in expenditure.

The whole secret of cost accounts is analysis—the dissecting of items in the aggregate into items in their elemental state. The principal items, which will require dissection, are:

Stores and materials.

Salaries and wages.

Depreciation.

To serve any useful purpose, the cost accounts

must be accurate and though it may not be possible to agree the cost accounts in detail with the financial accounts, it is, nevertheless, essential that agreement in total between the two should be attempted, and any difference satisfactorily explained.

The necessity for accurate records cannot be too strongly emphasized and laxity should, under no circumstances, be condoned.

Many items of expense (such as depreciation), must, of necessity, be estimated, and it is desirable, therefore, that the period of accounts should be as brief as possible, and should not exceed one month.

An organization, such as the Hospital Officers' Association, provide numerous opportunities for the dissemination of knowledge among its members and for the discussion of all matters relating to hospital administration. There can be no question that the variations of costs in individual hospitals and the costs thereof, as shown by published accounts, have led to the adoption by some of methods in use by other secretaries, which have resulted in greater economy in working. How much greater will these opportunities be when you are able to study, not only the cost all-in of treatment, but the cost of running individual wards and departments. Such opportunities are inevitable once a true system of costing is in operation.

Although co-operative action, as supplementing and co-ordinating individual effort, can do much to improve general efficiency, no amount of co-operation between individual hospital officers can be really effective unless the internal organization of the individual hospitals attains the maximum of efficiency.

I submit that there is considerable room for improvement in this respect in very many hospitals in this country, and that not only is costing applicable thereto, but that it will be well worth the time and thought and money you will need to expend upon it, and that apart from the interest the results will be to those responsible for the hospital administration; the surgeons, nurses, domestics, porters, and even the patients, will realize that they are intimately concerned in the efficient and economical management of the institution.

It is extraordinary, yet, nevertheless true, that though every possible care is taken in all organizations to avoid loss of actual cash by theft or carelessness, it cannot be said that equal care is taken of goods. Every business man is most careful to see that accurate records are kept of all money transactions, that the cash book is regularly vouched and balanced, but, so far as goods are concerned, he appears to be quite satisfied if, at the close of the year, he is told that his purchases have been so much, and that as there is so much stock in hand, the difference must represent the quantity consumed.

Where considerable purchases of stores are being effected, month by month, everything depends upon the vigilance of managers and the care and honesty of staffs. But apart from the risk of loss through dishonest practices, much waste and destruction of material may pass unnoticed unless a proper record be kept.

All this can quite easily be avoided, for the introduction of a proper costing system will call for accurate records of receipt and consumption of stores, whatever their nature, and from the information thus secured it will be possible to show:—

- (1) Whether all stores have been duly accounted for.
- (2) Whether the buying has been judicious.
- (3) That allocation of costs over various departments has been made correctly.

It is possible that the contents of the report submitted by Sir Napier Burnett and Mr. Orde, of the Newcastle Infirmary, are known to all concerned with voluntary hospitals. You will remember one striking instance where a reasonable average of cost per occupied bed per day served to hide the most extravagant consumption of one article of food. Other examples were given which showed variations in the cost of stores common to all hospitals. These gentlemen very rightly urged control of quantities as well as costs, and if their findings have influenced any concerned with the administration of voluntary hospitals, it is possible that some system of internal costings already exists, and is capable of extension.

War Department Offers Drugs

The U. S. War Department is offering \$2,500,000 worth of standard drugs and pharmaceuticals, through Surplus Property Section, Office of the Surgeon General, Room 1060 Munitions Bldg., Washington, D. C. Special consideration is to be given to orders from hospitals, institutions, clinics, etc. Bids may be submitted by groups, through an elected representative, and no special form is necessary. Note details in the advertisement in this issue of HOSPITAL MANAGEMENT.

Examinations for Dietitians

F. E. Doty, secretary and chief examiner, Los Angeles County Civil Service Commission, Los Angeles, Calif., announces that on May 6 in various cities of the country examinations will be held for a position as dietitian at the Los Angeles County Hospital.

Montana Tuberculosis Hospital Expands

The state tuberculosis hospital at Galen, Mont., will add 180 beds to its capacity in the near future when its addition is completed. Dr. C. E. K. Vidal, superintendent, recently appeared before the state legislature to seek funds for larger quarters for the employees.

Obtaining Tax Free Alcohol

Regulations Governing Use by Hospitals Now Present No Difficulties or Problems; Tax Is Waste

By A. R. Warner, M. D., Executive Secretary American Hospital Association.

Absolute alcohol is obtainable *tax free* at less than half the market price and can now be purchased routinely on the regular bond. It may be purchased in cases containing 36 half liter bottles, thus preserved indefinitely from deterioration. The tax free quotations on such a case today is \$34.60. The price for five gallons in steel drums is \$17.50. No packages smaller.

Every hospital in the country, however small, and whether operated for profit or not, should secure tax free alcohol for all uses. The cost of the minimum bond (\$1,000.00) is \$5.00 per year. This entitles you to purchase tax free and to have at any one time on hand, in transit or not yet accounted for 227 gallons of 95 per cent alcohol and there is no limit to the total use in the year. The government tax *which you are paying*, if purchased otherwise, is \$4.18 per gallon.

Regulations governing the use of tax free alcohol by hospitals have been so simplified in the past year that they now present no difficulties or problems whatsoever and it is a needless waste of money for any hospital to pay the tax. The smallest package of 95 per cent alcohol purchaseable tax free contains 28 gallons, but 96 per cent alcohol may be purchased tax free in five gallon steel cans. The present price of this is \$11.25 and the government tax upon this amount is \$20.07.

For any information as to the necessary application, bonds, etc., you may write this office or apply to your local collector of Internal Revenue. We will take up and secure for you any information whatsoever desired or establish a final and correct answer to any question which arises.

From Bulletin No. 30.

To Improve Care of Mental Patients

As a result of a two-year survey in Sussex County, Delaware, following a similar survey in New Castle County, both by the U. S. Public Health Service in collaboration with the Childrens' Bureau, the state officials engaged in the care of mental defectives have become interested in the establishment of a bureau of mental hygiene in connection with the State Board of Charities. First steps have been taken by the appropriation by the legislature of \$60,000 for improving the care and treatment of the mental patients in the state hospital at Farhurst. A training school for nurses specializing in neuropsychiatric diseases will be opened; reconstruction aids in both occupational and physiotherapy will be engaged; and additional physicians will be employed.

Impressions of European Hospitals

Study of Leading Continental Buildings Yields List of Desirable Features of Construction; Extensive Grounds Characteristic

By William B. Stratton, F. A. I. A., of Stratton and Snyder, Architects, Detroit.

[EDITOR'S NOTE: The trustees of the Detroit General Hospital, now the Henry Ford Hospital, after making some preliminary plans sent an investigating group composed of Chief Surgeon William H. Metcalf, Dr. Homer E. Safford and William B. Stratton to investigate the hospitals of Europe before completing the plans for the institution. They left for Naples in the spring of 1910. From Rome they went to Buda Pest stopping at various institutions recommended from there to London.]

Our party accumulated these impressions by talking with various authorities and by seeing the institutions under actual working conditions.

Our surgeon, our physician and our architect questioned the directors, the staff and the architects under whose advice the various institutions that we saw were created.



RIXDORF: INTERIOR OF WARD

Almost every center that we visited had its new hospital. These were so new that the planting, though showing great care, had not begun to add its effect.

The following paragraphs contain a few of the answers that were given us concerning desirable features. These may strike you as too self evident to be repeated, but if they were set down as first thoughts in starting on a hospital project, I feel that results might be different.

I wish especially to call attention to them as bearing on the selection of site. The selection of the site should be governed by the same considerations that govern the rest of the program. For example—I heard one trustee say that he would be against the hill site as the doctors would make it a \$5 trip.

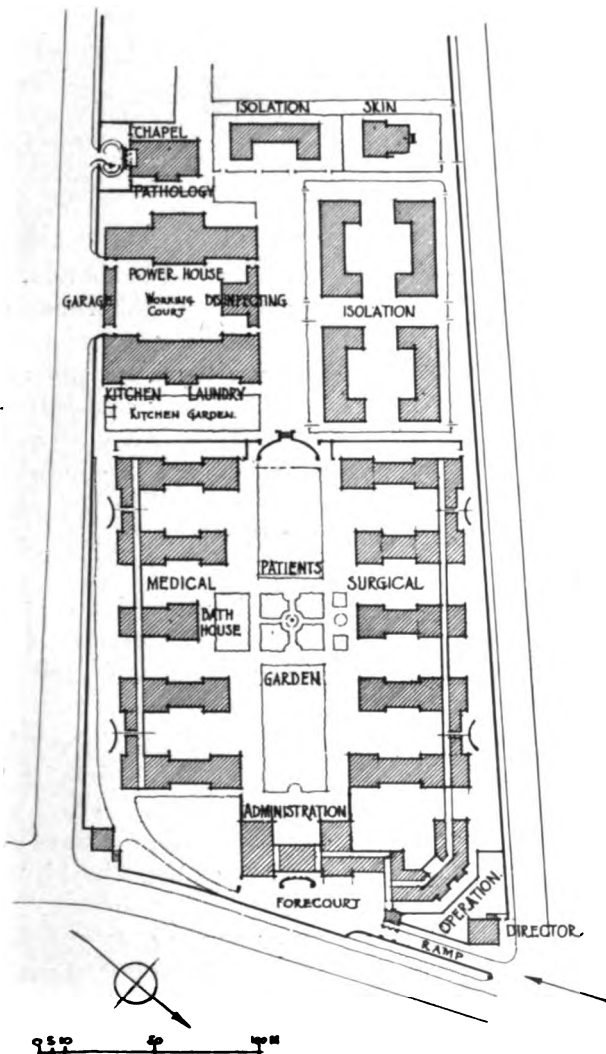
1. Only through the most thorough cooperation of physicians and architects can the best institutions be evolved.

2. On the other hand, the newest and most magnificent creations proved that architectural considerations must not control, but that the claims of hygiene must be put forward as finally decisive on any point and that consideration for the welfare of the patient and medical administration must determine both the general plan and the form of each building.

3. Each problem should determine the character of its buildings, and whether the pavillion, the corridor or mixed type should be used.

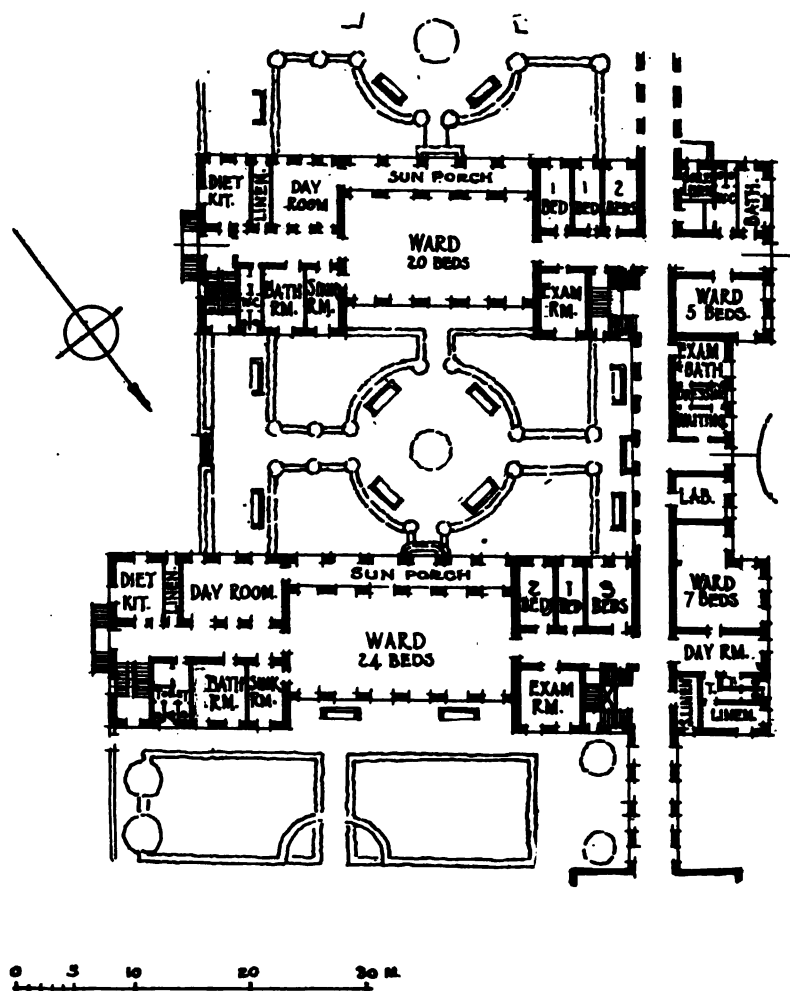
4. The pavillion of one or two stories has advantages in the way of sunshine, air and separation of groups, while for many patients, such as eye, ear, rheumatic, and delirious cases, the corridor building would seem better.

5. Wherever possible there should be provided



PLAN OF HOSPITAL AT RIXDORF

(Note outside driveway to ward buildings from forecourt)



RIXDORF: SURGICAL WARD GROUP

large beautiful gardens easily accessible to the patients.

6. Large wards are to be avoided on account of the danger of infection, and the limits to good nature reached through too many disturbing elements.

7. Labyrinthine arrangements are to be avoided.

8. The general arrangement of a hospital should be simple and easily understood by the various attendants. Service buildings and rooms should be so arranged that their particular affairs shall not interfere with those of neighboring rooms and buildings.

9. Many details which experience has proved should be given the most careful thought. For instance—the doctor should wash in the ward. Patients not only want to know that he washes, but want to see how he does it.

10. Under the various conditions presented no stereotyped form of floor plan has developed. This fact should not cause disappointment as there may be a great variety of forms so long as the general demands of sanitation are satisfactorily fulfilled.

11. As bearing on the selection of a large roomy site, I quote A. Saxon Snell, a noted British Hospital architect, who says that our great wars have each

time shown the advantages of fresh air in abundance and the removal of waste from the neighborhood of the sick, that in long continued peace times there is a tendency to go back upon these lessons and modify planning in the interests of mere convenience and concentration and that we then find virtues in high buildings, economy of ground and construction, easier supervision and a number of other desirable matters, the effect of which is incidental only.

I will give a rather extended description of two institutions, as these seem to embody the European idea of the requirements of clinic and general hospital, respectively.

The first is the Royal Hungarian University group of clinics at Buda Pest. These date their beginnings to around 1870. During these years the government has spent over five million dollars for the construction and equipment of these buildings. In 1908 they provided for 1500 beds. Clinics are as follows: internal medicine, 3; surgery, 2; ophthalmology, 2; gynecology, 2; mental diseases, 1; contagious diseases, 1, and the general service building. The newest building is a clinic of stomatology, and a children's building is under way.

The following institutes of the university are in



RIXDORF: REAR OF ADMINISTRATION BUILDING (LEFT) AND SURGICAL WARDS

new buildings: experimental and general pathology, bacteriology, anatomy, pasteur and legal medicine. Each clinic has its provision for out-patient as well as in-patient work.

Surgical clinic has the left wing of the ground floor devoted to its out-patient service, including the quarters of the surgeon on duty. The other wing is given up to various laboratories. The central portion has a deep amphitheatre, a lecture room, and the office of the director and his first assistant.

The second floor is chiefly devoted to patients. At the ends of each wing are eleven bed wards and besides these are four small wards for five beds and four for two beds and in each wing a patients' dining room and sitting room. (All patients when possible are at the table in three days.) The middle section is the quarters of the second assistant and the clinic clerks. The amphitheatre is reached by the students from this floor and they are provided with a large ante-room which contains racks for their outdoor clothing.

The third floor has the quarters of the third assistant and two clerks. The front and central portion of each wing is for patients as below and the rear end of each wing has a complete operating suite, one aseptic and the other, septic. The central part of the building is carried to the fourth floor where the nurses for this clinic are quartered.

There are also roof gardens for both nurses and patients.

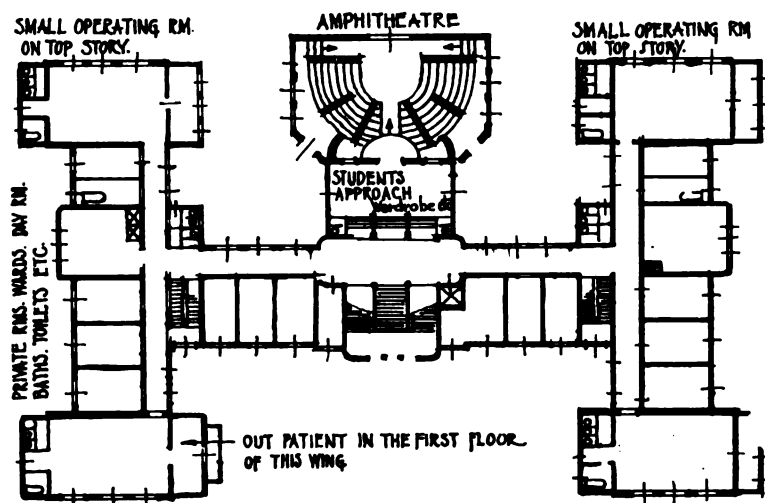
The equipment generally is very complete; the colors most pleasing in light shades; the ventilation both natural and by exhaust fans. The other buildings were similarly complete though the arrangement of each is different and according to the ideas of the individual director.

We talked with Floris Korb of the firm, Korb and Girgl, the architects of the clinics, who told us that we must surely visit the hospital at Rixdorf. This we later found to justify his enthusiasm.

The second institution is the Hospital at Rixdorf, Berlin. This is a small general hospital for this suburb. We found it to be a mile beyond the edge of the city, beyond the car lines and surrounded by grain fields. It illustrates the one thing which the continental planning demands, that is "room." The site contains twenty-two acres nearly level.

As will be seen from the plan, the pavillions surround a court or garden space and are reached by drives along the outside. These drives are screened from the central court by walls and a one story corridor between buildings. The forecourt is up five or six feet from the street and serves as a distributing point for the public, general patients and ambulance cases.

The wards are grouped in pairs with some of the



CLINIC NO. 1, BUDA PEST



STREET FRONT, SURGICAL CLINIC NO. 1, BUDA PEST, AND WARD AND FRONT OF SURGICAL CLINIC, POLICLINICO, ROME

rooms, common to either ward, across the main corridor. The service buildings are so grouped that an enormous inner court is provided in which all of the noisy teaming, coal handling and shop work is carried on. Beyond the service group and opening to the public from the road is a beautiful mortuary chapel surrounded by a most complete pathological building.

The operating suite has a rather unusual situation occupying the angle made by two streets. This location, while furnishing north light for the operating rooms, is very convenient both to the offices and photographic laboratories and to the wards. The usual travel to the wards is out of doors.

The impression one gains in the wards and in the patients' court is of extreme peace and quiet and a feeling of very little going on. The interior color effects are most restful.

These two examples would seem to show the tendency and use of the low and high hospital.

The Policlinico at Rome has both clinic and hospital planes in the same two story scheme. The street front or clinic plane consists of a line of wards, medical and surgical clinics and administration building. In line back of these is the hospital plane of wards, service buildings, baths, etc.

Views of the new Children's Hospital (just to hand) of Berlin-Dahlem, the Oskar-Helene-Hein shows practically a four story corridor structure, though this approaches a two story building in appearance on account of the clever use of roof and basement effects.

In the March 1921 number of the *American Journal of Public Health*, Dr. W. E. Musgrave, California, says "The hospital improvement movement has not kept pace with the advances in other branches of medicine and public health. Hospitals must be better located, better designed, better financed, better organized and better managed with a broader educational and public service vision."

G. W. Allsop, F. R. I. B. A., architect of the Auckland Hospital in New Zealand, now traveling, says, after certain breezy criticisms, "It will be obvious from this that a building may be of recent erection, but not modern."

Wisconsin Program Ready

Leading Authorities to Discuss Various Problems at Two-day Meeting in Milwaukee Next Month

The tentative program for the annual meeting of the Wisconsin Hospital Association at Milwaukee May 25 and 26 discloses the fact that the officers are preparing a most practical presentation of various hospital problems by executives of national reputation. Every major phase of administration will be discussed and there also will be a round table for the disposal of other questions.

The scene of the meeting will be the Auditorium. The tentative program follows:

Wednesday, May 25th, 9:00 A. M., Walker Hall.

Invocation; Address of Welcome; President's Address; Report of Executive Secretary and Treasurer; Unfinished Business.

"Problems of the Training School"—Miss Sara Parsons, R. N., Kansas City, formerly superintendent of nurses, Massachusetts General Hospital. Now making a survey of the Training Schools of the State of Missouri.

Discussion.

Group luncheons, 12:30 to 2: Hospital Executives; Training School Executives; Dietitians and Stewards; Anesthetists.

2 P. M.: "The Anesthesia Problem of the Hospital"—Dr. Isabella C. Herb, Rush Medical College, Chicago.

Discussion.

"Financial Management of the Hospital"—Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland.

"The Institutional Laundry—Innovations and Economies"—W. T. Williams, Editor of the *National Laundry Journal*, Chicago.

"Hospital Architecture with Special Reference to Interior Arrangement"—Perry W. Swern, of Berlin, Swern and Randall, Chicago.

Discussion—Frank E. Chapman.

At 7 P. M. there will be a banquet at the Hotel Pfister. This banquet will be attended by the members of the association, and it is especially desirable that hospital trustees and other lay people interested in hospitals, be present. The speaker of the evening will be Dr. William J. Mayo, Mayo Clinic, Rochester, Minn.

(Continued on page 78)

The Hostess Gives the "Home Touch"

Many Opportunities Abound in Institutions for Hostess
To Give Personal Attention to Patients and Their Friends

By *Cornelius S. Loder, Cornelius S. Loder and Associates, Hospital Consultants, New York*

The Hospital Hostess may be a title unknown to some hospital administrators, although there is a continual need in almost every such institution for the service she can give. Her duties closely resemble those of the usual popular social welfare worker, yet in many respects they are quite dissimilar. The social welfare worker is chiefly in the home, the business house or the industrial plant in caring for the employees of the institution, protecting their health, their morals and living conditions so that they may be able to give their best of strength and energy to their employers. The hostess serves entirely in the hospital, giving all time and attention to more certain specific duties in the service of the patients therein. The patient is the first consideration since, without patients, hospitals could not be, even though the doctors and nurses may be seriously concerned and thoroughly trained.

The staff and the nurse see the patient mainly from the professional angle. To them it is a problem of operation and treatment for the regaining of health, leaving them usually but little time for the personal, intimate, friendly, sympathetic touch and association which many patients crave. This craving is especially true of the patient who goes to the institution without the company of a relative or friend, as well as of the patient who has no calls from visitors or friends. The loneliness of these patients if they are in a ward, may be somewhat offset by the activities and interests in the ward work and of the conditions of their neighbor ward mates with whom they become acquainted.

Some private room patients may have their own special nurse who will fill most of the functions of the hospital hostess. Yet the hostess has a definite mission even here for she may come with a "Good Morning" wish in a cheery way, thus brightening the gloom in a manner which will be greatly appreciated and graciously remembered through the coming days. Though this may seem like a little thing, it creates a good will which must re-act as a valuable asset.

You are asked to consider the hostess as one serving directly in the interest of humanity being relieved from the usual professional services to the patient. She comes solely with the little personal attentions that are so needed. She is not burdened with the detail as to whether the nurse's duties are well performed, whether the food is prepared right, whether the ventilation and the heating are as they should be, whether the laundry meets requirements, whether the cleaning is properly done, whether the room is a satisfactory one to the patient, but is interested in these conditions in a general way. The hostess learns all of these as they relate to the general contentment of the patient through her personal visitation. Thus she will be in a position to report directly to the superintendent, or to the superintendent of nurses, whether personal comforts are satisfactory to the patient. All of the suggestions she may secure from the patient she will include in her daily report to the management.

But the hostess, when a patient enters the hospital, makes her first call to the bedside at such convenient time as permitted by the head or attending nurse. She greets the patient, welcomes her to the institution, assures her that every effort will be made to render all needed attention and to give all service in a satisfactory manner. She further learns whether all things have been done as desired and what may yet be done. She attends to sending word to friends or relatives. She keeps a record of visitors, seeing that these calls are in accord with the visiting rules of the institution and as per-

mitted by the attending physician. She offers to write letters, to send telegraph or telephone messages. She is ready to read to the patient after finding what are her tastes.

When the patient is ready for discharge she sees whether there is some final service in the way of communicating with friends, arranging for the transportation, securing a taxi, and performing any needed final tasks which might be left undone, or, if left to the nurse, performed in a perfunctory professional manner. She makes sure that the patient is satisfied with the service given. She gives the patient a final "Good Bye" as she leaves the institution so that the afterthought of the hospital in the mind of the discharged patient is that every possible kindness has been given with the treatment and that she has even enjoyed the aggregate experiences and fully appreciates them.

In addition to the foregoing helpful deeds there are hours in a hospital when many little attentions are required for a patient who is about to "pass out." At such times there are friends and near relatives to be personally cared for and many little effects to be arranged. This is especially true with serious emergency cases resulting from accidents. At such a time great tact needs to be used that the service is not a mere matter of routine nor coldly formal.

At another time there is the welcome to the expectant mother who, anticipating the joyful arrival, is looking forward with hope and misgiving. She needs congratulations and cheerfulness both then and after the event. Then the members of the family and intimate friends appreciate words of cordial greeting and will hold them in grateful remembrance.

There are times also when there may be in a ward some lonely patient or a single patient in a room who needs special attention. There may be a patient who is greatly worried finding it difficult to pay bills or who has met with some catastrophe. To all such the hospital hostess should be the "Good Samaritan."

The selection of the hostess is a matter of great importance for it concerns the personal side of the patient and promotes the home atmosphere in the hospital. It is doubtless better that the hostess should not be a nurse, as a trained lay worker who has done some Christian welfare work and who is deeply and sincerely interested in humanity, would conscientiously serve through the irregular hours. There are many motherly women who just fit into this kind of service.

The compensation for a hostess need not be large for there is not the need of extensive training, yet it is a position having certain qualities as a requisite. If she resides at the hospital she should be a resident of the nurses' home. If the institution is a small one and all of her time is not required in visiting with patients, she can serve in greeting visitors during visiting hours and help to give the home-like feeling to the institution. The real mission of the hospital hostess is the development of the personal home-like touch for the hospital patients. She needs to be a person of clever vision, untouched by class ideals, as she is to serve midst the democracy of sickness and suffering where all meet and all need the touch of real human sympathy.

At no distant date every hospital will have some one performing the duties of the hostess, although some other title may be used. It is not the title, for which we argue, but for this type of service.

New York Campaign for Nurses

Department of Welfare Hospitals and Bellevue and Allied
Group Co-ordinate Their Efforts to Obtain Candidates

By Theodore H. Le Febvre, R. N., Principal City Hospital School of Nursing, Blackwell's Island, N. Y.



POSTER USED IN NEW YORK CAMPAIGN

The Department of Public Welfare of the City of New York, besides conducting several other important welfare activities, maintains five large hospitals, which together with the hospitals forming the Bellevue and Allied group, cover a bed capacity of 7,211. These departments are chiefly nursed by pupils in training. To provide good nursing care for so many is a most important factor in the conduct of these hospitals. The schools connected with the institutions although established for many years, two of them being pioneers in New York City, like most other training schools, during this post-war period, have felt the pressure of shortage in the pupil nurse staff.

To combat this situation a campaign for recruiting student nurses was launched by this Department and Bellevue. The heads of various hospitals met in conference with the Commissioner of Public Welfare and a committee was formed to carry forward a systematic program. Two prizes were offered for an attractive poster to be judged by a commercial artist, one to the pupils, the other to the graduate nurses. A folder was also prepared which besides containing a general statement relating to the nursing situation and its opportunities, sets forth very briefly the special advantages of the schools under the charge of the Department. These folders are illustrated with pictures of the hospitals and nurses' homes connected with the schools.

Many thousand of both the folders and posters are being distributed throughout the country, in great part by a commercial firm, to postoffices, high schools, railway stations, etc. Each school was also given a liberal number and they are reaching the public through the various local hospital groups and the alumnae associations.

Two members of the committee devoted considerable time during the spring and summer of the past year in meeting with high school girls, mothers' clubs, young people's societies, etc., and one week was devoted to a county fair where in co-operation with a graduate of one of the schools who is herself, the field secretary of the tuberculosis committee of that county, a great number of people was reached. The talks given in each instance were illustrated by lantern slides showing school activities and wherever possible, a film, "The Spirit of Florence Nightingale," which features numerous procedures and activities of the nursing field, was shown.

The slides used were taken in the particular schools attached to the Department. In one instance they were the work of a member of the Hospital Medical Staff who is keenly interested in that school and not only did he provide the films, but also the lantern. The moving picture reel was rented for a nominal sum from the American Red Cross, 44 East 23rd St., New York City.

The itinerary was planned by each one personally. Arrange-

ments were made by correspondence and, when practical, by telephone. In most instances, press notices were made by the principal of the high school attended and the churches or the particular town were asked to announce the program from the pulpits one week previous to the meeting.

Groups of business girls, Y. W. C. A. clubs and on one occasion the county convention of the W. C. T. U. were included in the list. The interest of the alumnae associations of each school was also enlisted, with the result that large groups of high school girls and their teachers were the guests of the hospitals. This proved a very interesting part of the program as the personal contact with the situation seemed most appealing.

The talks given were not lengthy, 45 minutes covering the entire subject, nor were they of a formal character. A short phrase, in part oft quoted during the war period, sounded the call, "Make Life Worth While—Be a Trained Nurse—The Foster Mother of the World!" A synopsis of the history of modern nursing and the life of Florence Nightingale opened the subject. By using the scheme of questions and answers, nursing was discussed from its many angles and the objections as well as advantages were set forth with all candor.

"What Nursing IS and What Is NOT" formed the greater part of the discourse. The need for a firm grounding in moral, mental and physical qualities was stressed and a list of high school subjects which would be helpful, was presented. The many fields of nursing service were enumerated and the most common ones illustrated by suitable stories.

The financial outlook, social status of the nurse and nursing traditions were also discussed and the oft told story that a nurse's working life was only of ten years duration was refuted by mention of well-known instances. A list of nursing activities which a school should provide, was set forth. The expenses of the training was covered and the life was shown to be a rational one, with many opportunities for initiative. School life was pictured as one of interest and satisfaction.

The records of the schools were cited through mention of the activities of the graduates and of the alumnae associations while the bravery of nurses during the recent war period was not forgotten.

That there is no short cut to the training of a nurse was emphasized and it was made plain that nursing is not work for an amateur.

The opportunities which the training makes possible were stressed and the fact made known that the better schools today do not exploit their pupils; do not require them to work more than eight hours a day on the hospital wards and that the old bughbear "drudgery" was mostly a thing of the past; only such household duties now being called for as are required for thorough training.

An appeal was made to the intelligence and sympathy of women—a patriotic appeal—for workers in a field where the need is great, the opportunities unlimited and the workers far too few. The value of the personal, human touch was not overlooked nor the physical nor recreational side of the school life left out of the picture.

At the present writing it is difficult to forecast the result of this campaign as it is only just beginning to function fully. However, many letters of inquiries have been received and several students have entered the schools. The greater number addressed will not, however, be ready to enter a school for a few years yet. But the seed has been sown and with judicious follow-up work, encouraging results are looked for.

New Building for Sydenham

Sydenham Hospital on East 16th street, New York, is to have a new building of 100 rooms.

Ohio Hospitals to Meet

Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, and executive secretary of the Ohio Hospital Association, has announced the following tentative program for the annual convention of the pioneer state association at the Hotel Winton, Cleveland, May 16-20, in conjunction with the Ohio Association of Graduate Nurses:

MONDAY, MAY 16

10:00 A. M.—Registration; meetings of committees; inspection of commercial exhibits.

2:00 P. M.—President's address, P. W. Behrens, Toledo Hospital, Toledo.

Report of secretary, F. E. Chapman, Mount Sinai Hospital, Cleveland.

"What Does Proper Recording of Hospital Performance Mean, and What Are Its Benefits, Raymond F. Clapp, assistant director, Welfare Federation, Cleveland.

Discussion—"From the Small Hospital's Viewpoint," Dr. C. F. Holzer, Gallipolis; "From the Point of View of the Department of Health," H. G. Southmayd, Columbus.

8:00 P. M.—Paper, Mr. Creviston of the American Legion.

"The Application of the Minimum Standard and Plans for the Future," Judge Harold Stephens, Chicago.

"The Development of the American Hospital Association and the Geographical Sections," Dr. A. R. Warner, executive secretary.

TUESDAY, MAY 17

9:00-11:30 A. M.—Round Table on Administrative Problems.

2:00 P. M.—"The Development of Hospital Social Service," Malvina Friedman, directress of social service, Mount Sinai Hospital, Cleveland.

"What is Real Hospital Service," Michael Davis, Jr., New York.

7:00 P. M.—Dinner—Some prominent speaker on an unrelated subject.

WEDNESDAY, MAY 18

Morning Session—New business; report of audit committee; report of resolution committee; report of committee on time and place; report of nominating committee; election of officers; adjournment.

10:00 A. M.—Joint meeting with Ohio State Association of Graduate Nurses.

"The Necessity for Correlated Effort in Hospital Administration," Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital.

Discussion—"From the Principal," Miss Grace E. Allison, Lakeside Hospital; "From the Superintendent," H. G. Yearick, City Hospital, Akron.

2 P. M.—Round table on correlated hospital and nursing problems.

2:00 to 3:00 P. M., Dr. E. R. Crew, Superintendent, Miami Valley Hospital, Dayton.

3:00 to 4:00 P. M., Miss Daisy Kingston, City Hospital, Fremont.

OHIO STATE ASSOCIATION OF GRADUATE NURSES

Wednesday—Joint Session with Ohio Hospital Association.

7:45 P. M.—Meeting, board of trustees, Ohio State Association of Graduate Nurses.

8:45 P. M.—Advisory council, Ohio State Association of Graduate Nurses.

THURSDAY, MAY 19

8 A. M.—Registration; 8:30 A. M., Executive Committee, League of Nursing Education; 9 A. M., Business Session, State Association; 11 A. M., Business Session, League of Nursing Education; 12 M., Registration.

1:30-3:30 P. M.,—Private Duty Section.

Paper—"Private Duty Nursing from a Layman's Point of View."

Paper—"Private Duty Nursing from a Physician's Point of View."

Discussion.

3:30 P. M.—Tea at the nursing center followed by an automobile ride.

8:15 P. M.—General Session. Music by Nurses' Chorus.

Address of Welcome, Mrs. John H. Lowman, Cleveland, Ohio.

Response—Laura E. Logan, R. N., president, Ohio State Association of Graduate Nurses.

Response—Claribel A. Wheeler, R. N., president, Ohio State League of Nursing Education.

Paper—"Relation of the Nurse to the Public," James E. Cutler, dean of school of applied social sciences, Western Reserve University.

FRIDAY, MAY 20

8 to 9 A. M.—Round table, instructors in home hygiene, conducted by Jean Anderson, R. N., director, bureau of instruction, Lake Division, American Red Cross.

9 A. M.—League of Nursing Education.

Paper—"Health and Recreation of Student Nurses," Lillian Hanford, R. N., principal, Miami Valley Hospital School for Nurses, Dayton, Ohio.

Discussion—Laura Grant, R. N., principal Cleveland City Hospital School for Nurses.

Paper—"State Board Examinations," Ida May Hickox, chief nurse examiner, Ohio.

Discussion—June Ramsey, R. N., assistant principal, Lakeside Hospital School for Nurses, Cleveland.

Paper—"Factors Which Determine the Equivalent to a High School Education," Mrs. Norma Selbert, R. N., assistant professor of public health nursing, Ohio State University.

Discussion—Melisse Wittler, R. N., superintendent of nurses, St. Luke's Hospital, School for Nurses, Cleveland.

1:30—Public Health Section.

1:30-3:30—Round Table. School Nursing in Urban and Rural Districts, Ethel Osborn, R. N., superintendent of school nurses, Cleveland; Alice Squire, R. N., Red Cross public health nurse, Lucas County.

1:30-3:30—Round Table, Industrial Nursing, Caroline Hilliard, R. N., superintendent of nurses, Goodrich Tire and Rubber Co., Akron, Ohio.

3:30—Closing Business Session, State Association; 4:30, Closing Business Session, League of Nursing Education.

8:15—Public Health Section.

8:15-9:15—Round Table, Nutritional Classes for School Nurses, Vivian Reamer, B. Sc., household educator, Toledo district Association.

9:30-10:30—Round Table, Tuberculosis Nursing, Cora M. Templeton, R. N., director of nurses, department of health, Cleveland; Cora Schmees, R. N., public health nurse, Hamilton County.

The Question Box

Problems in Hospital Administration
Dealt With From the Practical Side

TO THE EDITOR: I would like very much to know how to determine whether the proper percentage of relative humidity has been obtained in a building.

EASTERN READER.

In view of the fact that there is no general practice regarding humidification of air in hospitals, the foregoing inquiry was referred to Prof. A. C. Willard, professor of heating and ventilating at the University of Illinois, and head of the department of mechanical engineering, who is in charge of the research work of the national association of heating and ventilating appliance manufacturers. Prof. Willard replied as follows:

"We are often asked to furnish information concerning the proper percentage of relative humidity for occupied buildings, and the following statements from a recent letter in answer to an inquiry of this sort may prove of interest:

"The question of what percentage relative humidity is most desirable within ordinary houses is by no means definitely settled. It is quite certain, however, that in order to protect not only the occupants, but the woodwork and the furnishings of our houses that it is necessary to supply by artificial means a fairly large amount of water vapor during the heating season. As a rough guide to the house owner, it would probably be safe to say that no house is properly supplied with water vapor unless the window glass shows condensation or frost whenever the outside temperature is at freezing or below.

"There is no doubt that an increased relative humidity is desirable within practically all of our buildings during the winter season, as such increase will make it possible to carry lower air temperatures in the heated rooms and will materially benefit the occupants, the furnishings and the construction of the building. The extent to which the relative humidity should be increased is more or less dependent upon the satisfactory temperature, as it would not be satisfactory to have the windows completely frosted over or running with condensation during the heating season. Some trace of frost or condensation would always appear on the outside glass during cold weather."

Presbyterian Hospital Bulletin

Articles telling of the importance of the laboratory, the social service department, of the hospital as a whole, and of the plans for a new building featured the latest bulletin of Presbyterian Hospital, Philadelphia, of which Charles S. Pitcher is superintendent. The bulletin is issued three times a year, and is written for the general public.

Hospital Buyers Active

Distributors Report Purchases Have Resumed Normal Amounts—Glassware Reduction Indicated

Hospital buyers have resumed activity, according to dealers and distributors, who in mid-April reported that purchases of hospital supplies and equipment had about reached a normal basis.

Little changes in prices were noticed, but some dealers asserted that they looked for a reduction on glassware, due to more favorable market indications.

A good grade of cotton for hospital purposes was quoted at 29 cents a pound in 100-pound lots. This was a slight reduction compared with a month ago, although, of course, better grades were higher.

Gauze prices also were stationary, with a medium grade selling at approximately \$3.50 for 100 yards, in case lots.

Some distributors pointed out a rather extended range of prices in rubbers goods, owing to varying qualities. High-grade goods were reported to be scarce and cheap stocks were plentiful.

Indications of the price of surgeons' gowns and hospital clothing were indicated by a quotation of \$22.50 a dozen for a good quality Indian Head gown.

Canned goods distributors asserted that prices were lower than in years, but that the market was stimulated by the frosts that damaged the crops. Present prices, of course, are much lower than hospitals can expect on this year's pack. The sales of spot goods have increased. The frost will mean a further curtailment of the 1921 pack, which already had promised to be very restricted owing to the financial difficulties that forced many packers to the wall last year.

Hospital Exposition Diagram

Dr. A. R. Warner, executive secretary of the American Hospital Association, has issued an attractive folder containing a diagram of the floor space of the hospital exposition of the twenty-third annual convention, which will be held at West Baden Springs Hotel, September 12-16. The exposition, which is becoming of increasing importance as an educational feature of the conventions, will be held in the atrium, the largest room in the world, as well as one of the most beautiful.

Association Takes Over Hospital

The Plymouth, Ind., Progressive Association has purchased for \$10,000 the Dr. Aspinall Hospital which is to be a county institution.

Obtains Site for Building

The Central Montana Deaconess Hospital Association at Lewiston has obtained a site for its new building.

26,000 Are in U. S. Hospitals

Public Health Service Institution Increase From 22 to 65 in Two Years; Facilities Steadily Grow

By Charles Bolduan, M. D., Chief, Section of Public Health Education, U. S. P. H. S.

The hospitals operated by the United States Public Health Service have steadily increased both in number and capacity since March 3, 1919, when the Act of Congress authorizing the service to provide hospitalization for patients of the War Risk Bureau became law. On that date the service was operating twenty-two hospitals (all belonging to the Marine Hospital Service) with a total capacity of about 1,500 beds. On June 30, 1920, it was operating fifty hospitals with more than 12,500 beds; on Jan. 1, 1921, sixty hospitals with about 14,500 beds; and on March 5, almost exactly two years after it took hold, sixty-five hospitals with 17,650 beds. All the beds have never been occupied at one time, there having usually been a margin of about 6 per cent reserved for newly arriving patients and a varying number of unfilled beds in newly acquired hospitals and newly installed wards. On March 5 the total unoccupied margins was about 12 per cent. Of the sixty-five hospitals, twelve are for tuberculosis, seven for neuro-psychiatrics, one for epileptics, one for lepers; the rest are general.

Hospitals put into operation since June 1, 1920, comprise seven for general patients—at Baltimore, Staten Island, N. Y., Lake City, Fla., St. Paul, Minneapolis, Fort Thomas, Ky., and New York City; three for tuberculosis patients—at Tacoma, Wash., Oteen, N. C., and Camp Kearny, Calif.; two for neuro-psychiatric patients—at Knoxville, Tenn., and Augusta, Ga.; and a leper hospital at Carville, La.

The patients cared for in these government hospitals consist of War Risk beneficiaries and of earlier beneficiaries of the service (merchant seamen, lighthouse attendants, coast and geodetic survey employes, etc.). The War-Risk patients numbered about 4,500 on Jan. 1, 1920; 6,500 on June 3, 1920; 9,700 on Jan. 1, 1921, and 12,400 on March 5, 1921. The other beneficiaries are comparatively few; they numbered about 2,350 on Jan. 1, 1920; 2,800 on Jan. 1, 1921; and 3,150 on March 5, 1921.

The foregoing figures apply only to hospitals operated by the Public Health Service. As the demand for hospitalization has outrun the capacity of the government hospitals, the service has been compelled to place many of its patients in civilian hospitals, where they were cared for under contract. The number of these contract patients has risen from about 5,000 on Jan. 1, 1920, to 10,500

(Continued on page 88)

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round



DR. F. E. SAMPSON, CRESTON, IA.

Dr. Sampson's remarkable development of the Greater Community Hospital at Creston has attracted the attention of the leaders in the American Medical Association who have invited him to appear at the A. M. A. convention next June and explain the methods by which he has expanded the institution. Dr. Sampson read a paper on this subject that was an outstanding feature of the 1920 American Hospital Convention. He is a member of the National Hospital Day Committee and has put into this movement all the vigor and "pep" that led to his success in hospital development.

Dr. G. W. Crice opened the McFarland Hospital at Lebanon, Tenn., with Miss Annie Garrett, a graduate of Baptist Memorial Hospital, Memphis, as head nurse.

Dr. M. J. Armstrong, formerly of the Ohio Sanatorium at Mt. Vernon, has succeeded Dr. Harvey Hazelwood as superintendent of the Jasper County Tuberculosis Hospital at Webb City, Mo. Dr. Hazelwood resigned to enter public health work at Alexandria, La.

Dr. George K. Rhodes has been appointed assistant chief surgeon of the San Francisco Emergency Hospital Service, succeeding the late Dr. J. C. Egeberg as assistant to Chief Surgeon Edmund Butler. James I.

O'Dea, who has been in the emergency hospital service for twenty years was appointed to the newly created post of chief steward.

Miss Isabel Foster, formerly supervisor at St. Barnabas Hospital, Newark, N. J., has accepted a similar position at the City Hospital, Wilkesbarre, Pa.

Mrs. E. M. Guyton has been appointed superintendent of the Sarah A. Jarman Hospital, Tuscola, Ill. She is a graduate of Johns Hopkins Hospital, Baltimore, and was in charge of the Traverse City, Mich., Hospital before going overseas.

Miss Edith M. Ambrose, a graduate of the Presbyterian Hospital, New York, is to organize a department of social welfare for the Youngstown, Ohio, Hospital. A feature will be teaching of mental hygiene.

Miss Gertrude Barnes, formerly director of hospital social work at Lakeside Hospital, Cleveland, is organizing the social work at St. Luke's Hospital, Cleveland.

Miss Edith Douglas, Free Dispensary, St. Paul, is now a social worker in the U. S. Public Health Hospital, Fox Hills, Staten Island, N. Y.

Miss Anna M. Betts, formerly social worker at Bellevue Hospital, has been appointed organizer of a department at Knickerbocker Hospital, New York.

Dr. W. A. Howard of Cookeville, Tenn., is erecting a hospital building with a capacity of twenty patients. Miss Kate Smith of Nashville will be superintendent.

Miss Myra Sandborn, superintendent of the Rosebud County Hospital at Forsyth, Mont., is supervising the equipment of the hospital building that will be opened shortly and recruiting candidates for the nurses' school.

The Anne Warner Memorial Hospital at Gettysburg, Pa., recently was opened with Miss Carrie Stout, formerly with the York, Pa., Hospital, as superintendent. The institution will serve the people of Adams County. It has facilities for 75 patients.

Miss Marian Smoak, former army nurse in France, has been appointed anesthetist at the York, Pa., Hospital, succeeding Miss Carrie Stout who has become superintendent of the Anne Warner Memorial Hospital at Gettysburg. Miss Smoak was for two years at Camp Meade where she specialized in anesthesia, and later was assigned to a base hospital overseas.

Miss Mildred Taylor, formerly of Grant Hospital, Columbus, O., has been appointed superintendent of the Charles S. Gray Deaconess Hospital, Ironton, O.

THE HOSPITAL ROUND TABLE

Send in Your Annual Reports

There are many items in an annual report of a hospital that will be of interest and real value to superintendents and executives of other institutions. HOSPITAL MANAGEMENT will be glad to receive such reports and comment on new methods that have been worked out in various departments of the hospital. The co-operation of all superintendents is asked in this matter and a mark indicating the material of special value also will be appreciated.

How Costs Have Risen

The annual report of the Hartford, Conn., Hospital, of which Dr. Lewis A. Sexton is superintendent, contains the following table of relative costs of various items for 1919 and 1920:

	Cost in 1919.	Cost in 1920.	Percentage Increase.
Flour	\$12.00	\$15.00	25 per cent
Sugar	10.00	25.00	150 per cent
Coal	8.00	12.00	50 per cent
Sheets	18.32	23.75	29 per cent
Pillow cases	4.55	7.50	64 per cent
Surgical gauze	5.50	7.20	30 per cent
Catgut	13.85	27.90	101 per cent

This table not only is of value in informing the public as to the extent to which operating costs have risen, but also should prove of interest to hospital buyers in other sections of the country as a means of comparison of the prices they paid for these supplies.

Developing Morale

The Broad Street Hospital, New York, of which A. J. Barker Savage is superintendent, finds a system of scholarships and honorariums of great value in developing the efficiency and morale of the house staff and nurses. The nurses' school is under the direction of Miss Blanch A. Blackman, formerly charge nurse at St. Luke's, New York, and assistant superintendent of nurses at the Cincinnati General Hospital.

"Six scholarships are placed at the disposal of the students in the training school," writes Superintendent Savage, "and honorariums are granted each month; also the same as to the house staff, for general good conduct and efficiency. I have found this a very successful method of developing proper efficiency and morale among these two very important branches and indispensable department of the hospital."

An Empty Room to Every Twelve

Just what margin should be allowed in a hospital

to provide for disinfecting or cleaning wards and rooms is a problem that was taken up at the 1920 convention of the British Columbia Hospital Association and discussed and disposed of as follows by A. A. Fox, F. R. I. B. A., Vancouver:

"In planning a new building it is important that an allowance be made to the extent of one extra empty ward or room to every twelve occupied. This will afford the management a margin to empty a ward when needed for purposes of disinfecting or cleansing."

Eliminating Fire Hazards

Some suggestions advanced by a speaker at a recent hospital convention concerning the decreasing of fire hazards were:

Eliminate all articles of celluloid, such as thermometer backs, toilet articles, etc.

Cheap matches should be avoided—they are dangerous to an alarming degree.

Do not use metal polish or cleaning fluids in which the base is composed of benzine or naphtha.

Do not put off the repair of any disorganized electrical wiring or equipment; have the wires run in conduits and terminate in metal junction boxes.

Do not bask in the delusion that because a building is said to be of fireproof construction that you are safe from danger.

Swedish Mission Hospital Booklet

Swedish Mission Hospital, Omaha, has issued a booklet describing the organization and development of the institution and its training school, the work done each year and other details of the hospital. A leaflet enclosed asks the reader to call attention of friends to the information given, and explains that the Swedish Mission Hospital is part of the Onward Omaha movement.

Chicago Hospital Opens Addition

The West End Hospital and Training School, Chicago, recently opened a new addition in which the dispensary is housed. Dr. Benjamin H. Breakstone, founder of the hospital, is chief of staff.

Tennessee Hospital Building Remodeled

Extensive remodeling of the building of Elizabethton, Tenn., Hospital is being completed under the direction of Miss Doxie B. Sisk, superintendent.

Newark Hospital Adds to Building

The East End Hospital building, Newark, N. J., owned by Dr. Lawrence Cahill, is to be remodeled and a solarium added.

Hospital Management

Published in the interest of Executives in Every Department of Hospital Work

Published on the fifteenth of every month by the

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537 S. Dearborn Street, Chicago

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Vol. XI

April, 1921

No. 4

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1. *Better service for patients.*
2. *Hospital facilities for every citizen.*
3. *Adequate training for hospital executives and staffs.*
4. *Education of the public to its responsibility and duty toward hospitals.*

A National Hospital Day Editorial

"You have most properly chosen May 12th, the anniversary of the birth of Florence Nightingale, as the day to be celebrated as National Hospital Day."—PRESIDENT HARDING.

"A National Hospital Day will justify itself if it does no more than to inform the public that barns cannot be converted into hospitals—and that at present even barns are by no means easy to come by."—SURGEON GENERAL CUMMING, U. S. Public Health Service.

"Hospital managers and executives have been poor salesman and the advertising in the manner suggested is in line with good business procedure, to say nothing of the spirit of co-operation and friendship which such a scheme will surely stimulate."—

DANIEL D. TEST, superintendent, Pennsylvania Hospital, Philadelphia.

"I believe we, who are with the small hospitals, will have more reason to be appreciative of this movement than the superintendents of the larger institutions. We are so busy with the detail work, making both ends meet, that there is very little time left to try to get the needed information before the public."—MAUDE LUCILE HOWELL, superintendent, Community Hospital, Falls City, Neb.

"Any movement that has for its object the arousing of public interest in the true scope of hospital service meets with my hearty approval. We will be pleased to designate National Hospital Day by proclamation."—THOMAS E. CAMPBELL, governor of Arizona.

"I shall be pleased to make a public statement in the interest of National Hospital Day."—CHARLES R. MABEY, governor of Utah.

"The observance of National Hospital Day, the observance of which that is to bring before the public the place which the hospital has in the life of the community, is well worthy of endorsement of every one interested in humanity and civic progress."—CHANNING H. COX, governor of Massachusetts.

"I have already issued a statement approving a National Hospital Day."—EDWIN P. MORROW, governor of Kentucky.

"West Virginia has been very generous in the maintenance of her state hospitals and in the extension of aid to worthy private institutions and I trust the educational plan evolved by your committee will awaken and stimulate increased public interest in these institutions."—E. F. MORGAN, governor of West Virginia.

"I believe the movement which you have begun to be a most excellent one that should be of great value to all the hospitals."—DR. A. C. BACHMEYER, superintendent, Cincinnati, O., General Hospital.

A Lesson in Preparedness

"Preparedness is the foundation of a hospital's efficiency."

There is a lesson for every hospital in DR. SAVAGE'S article describing how the Broad Street Hospital met the emergency of the Wall Street explosion. There are a great number of hospitals, it is true, that can with certainty say that local conditions preclude any idea of a catastrophe of that nature that they may be called upon to handle. But there is no hospital that can say that it need not be prepared for a sudden demand for service to the utmost capacity of the institution.

How many little things are allowed to go undone, small in themselves, but which lumped in an emergency, may result in serious consequences to some patient whose position or circumstances may bring a great deal of undesirable publicity to the institution! These trivialities might be cleared up in a few minutes, and a great deal of suffering avoided, and a last-

ing friendship created, but they are forgotten or neglected and misunderstanding and bitterness result.

"If the hospitals forget," as DR. SAVAGE points out in this issue, "it is as certain as anything can be that they will be confronted with an emergency they can not meet. There will be two consequences, one pitiful, one disgraceful. There will be much human suffering that could have been alleviated quickly, and the hospital's reputation for efficiency will receive a blow from which it may never recover."

Being prepared does not necessarily mean that a hospital must have a dozen ambulances, or a great quantity of reserve equipment, but it does mean that every department must be kept up at the highest point of efficiency. Then when the emergency comes the hospital will meet the test to the very best of its ability. Having done this and its physical resources having been found inadequate, the memory of the splendid service will spur the community to the task of providing the necessary buildings, equipment or other things in which a deficiency was noted, just as the splendid efficiency of the Broad Street Hospital during the Wall Street explosion brought generous donations.

Co-operation Means the Superintendent, Too

At gatherings of hospital executives the necessity of co-operation among the board, staff and department heads frequently is commented on, with numerous examples of institutions whose efficiency has been increased by real team work. Recently, however, an instance has come to light in which a superintendent preaching co-operation found that his ideas regarding certain matters did not meet the approval of the board and the staff and he immediately assumed the frame of mind described in the song, "They Were All Out of Step But Jim."

The bone of contention is not vital to this editorial, but there is a moral in the attitude assumed by the young superintendent, who refused to listen to the suggestions of the persons who did not agree with him. He made every effort to force the board and staff around to his way of thinking. The result, of course, was that now the able young executive is looking for a position and the hospital seems to be doing fairly well under a superintendent who evidently has found some good in the point of view of the staff and board.

Undoubtedly, if the superintendent had listened to the reasons advanced by the opponent of his plan an amicable adjustment would have resulted, or perhaps the superintendent would have been convinced that he was in the wrong and would have withdrawn his opposition to the measure in question. Frequently, when an executive imagines that he is not receiving proper co-operation on a given proposition the real facts may be that he isn't seeking co-operation, but is endeavoring to make others follow his ideas.

It is the duty of the superintendent to co-operate with the board and staff just as much as it devolves upon these bodies to co-operate with the superintendent.

Appealing for Public Support

MR. VOSE of the Eastern Maine General Hospital, Bangor, scores a point in his letter on the National Hospital Day movement which is printed elsewhere when he deprecates the policy of the large number of hospital officers who ask support from their communities on the ground of humanitarianism or charity, instead of setting forth the economic value of the hospital.

Few people, indeed, conceive a hospital in its true light, a highly organized institution for the treatment of the sick and injured and for the advancement of the health of the community, and even fewer realize that hospitals are planned and operated so as to achieve these ends in the most satisfactory, which means most efficient and most economical, way. The present-day hospital, the result of many years of study by medical and nursing leaders in co-operation with architects and other experts, represents the very latest development in the treatment of the ill and disabled and no private home can hope to serve a patient as well or at as low a cost.

The presentation of facts of this nature, however, as MR. VOSE points out, has been done in far too few instances by hospitals that seek the support of the public, and the over-emphasis of the plea of charity has tended to give the people the impression that somehow or other they need not look any too closely into the efficiency of the institutions since they are doing a charitable work.

With the many lessons in economy that have come from the war, the institution that will feature this phase of hospital service undoubtedly will win greater and more enthusiastic support from the general public. Business men, too, would prefer to assist an enterprise that is being conducted in an efficient manner.

Another factor that will strengthen the position of the hospital that points to its efficient and economical administration is that such a record will immeasurably reinforce its plea for assistance on the ground of its charitable work. If some people can be reached best through an emphasis on the charitable side of a hospital's service, the assurance that this charitable work is being done without waste of time, labor or materials will be all the more effective.

Let us hear more from hospital officers and executives about the efficiency and economy of hospital service.

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Armco Hospital Service Develops

Two Hospitals, Two Dispensaries, Treatment Room and
Physical Examination Department Now Operated.

By *H. S. Murat, M. D., Chief Surgeon, American Rolling Mill Company, Middletown, Ohio.*

To make employes efficient means, first of all, the matter of their physical well being must become of the highest importance. The man who is unfit to perform his daily labors because of physical defects or ailments cannot do full justice to his obligations and is a hindrance to himself, and in a measure to others.

The duty, as it might be termed, for the employer, is to make him fit, or at least to assist him in so far as it is possible to do, to the end that the latter's own interests can best be conserved. This can be made to act as a profitable investment. Let us figure that every employe is worth as much as he earns, and that should his services be lost on account of illness, the cost of placing another to perform his labors, or the time lost while he is absent, often becomes costly. So the force shall be kept intact, and where the industry is large enough, there is real economy in maintaining a medical department.

In other words, it is desirable to prevent either an accident or a case of sickness where possible. This has been found a very profitable plan with one of the larger plants devoted to the manufacture of iron and steel products, the American Rolling Mill Company, of Middletown, Ohio, which undertook the establishment of a medical department in 1911. This was during the construction of what is known as the East Side Works, and after its completion, the company saw the value and necessity of enlarged facilities for caring for injured employes, and in furthering the plan of making this an important part of the betterment work. The direct effects of this idea were to make the employes not only better physically, but better citizens.

The plan was first to inaugurate a department for better care for injured employes, as well as to make possible a large scope of such medical service as

would come within the company's operation. The beginning was confined to two small dispensaries, one at the Central Works and the other at the new plant, known as the East Side Works. The latter was conducted in connection with the watchman and time office at the main entrance to the plant. From these two minor plants there has been developed the following establishments: the Armco Main Hospital; Colored Club Hospital; Central Works Dispensary, Shops Dispensary; treatment room in the Administration Building and Physical Examination Department. In the old days there were hand stretchers used for conveying the injured employ to the first aid station. Now there are maintained ambulance stations with motor ambulance service, so that there is little or no time lost in removing to the hospital an employe who has met with an accident. The work has been so amplified until at this time it includes the treatment of employes for both injuries and physical ailments. This service is given free to every employe so long as he is able to continue his work.



VIEW IN COLORED CLUB HOSPITAL

The main hospital is modern in every respect, including waiting room, dressing, sterilizing, drug dispensing rooms and office. There are also kitchen, dining, and living rooms for the matron, as well as a completely equipped laboratory, where it is possible to make analyses of all kinds, and where X-Rays may be taken.

The Colored Club Hospital is a branch that is maintained in connection with the Armco Colored Club, this department containing waiting, dressing and drug rooms, as well as kitchen, pantry, bath, two private rooms and two ten-bed wards. The hospital cares for employes who live in what is known as the colored camp, a section that provides for the colored employes who wish to obtain board and lodging at a nominal sum, and which has proven to be a very helpful adjunct to the operation. Colored employes also are cared for at this hospital in case of illness as well as for injuries.

At the Central Works dispensary there are three rooms, waiting, dressing and consultation rooms. The unit here is for the purpose of caring for either injury cases or for those who may be taken ill at the Central Works.

The Shops Dispensary was established in 1918, near the forging and subsidiary departments, so that an accident in any of these departments could be taken care of quickly. This institution contains waiting, dressing, drug and special treatment rooms, as well as a rest room for girl employes in the nearby departments.

There is also a waiting and treatment room in the general administration building where the office employes may obtain treatment in case of need. The latter department has a modern nose and throat outfit and electro-therapeutic equipment.

The personnel of the medical department includes three physicians, six graduate female nurses, five male nurses, three clerks, a matron and two janitors. There has been a special effort made from the very outset of the establishment of the medical department to give the best "service to all alike regardless of race, color, nationality or position."

Since the beginning a material advance has been made. For instance, at first there was no attempt to treat minor ailments of the employes, even though they were on duty at the time. The work was confined simply to the treatment of accidents. Now there is also continual effort to keep the employe fit. In case an employe feels that he is unable to continue his work, he is laid off, and consults his family physician, the work at the plant ceasing in such instances. The company makes no attempt to treat the families of the employes.

The medical department endeavors to keep in touch with the nature of the work being done by every employe to obtain a more complete knowledge of the duties, and to make possible the elimination of accidents.

The physical examination department is maintained first of all to safeguard the health of the employes. Every applicant is given a careful physical examination, which not only enables the individual to be placed in a position where he is best suited, but makes it possible for him to progress. Later examinations are made, in addition to such treatment as is demanded, and in this way there is discovered incipient disease conditions that can be corrected.

A careful record is kept of all the work done by the medical department. A complete history of each case is made, this including the name of the employe, check number, nationality, residence, whether married or single, time of service with company, experienced at kind of work being performed when accident occurred, nature and extent of injury, whether or not injury has been neglected, and all other detail necessary.

If the accident is serious the safety engineer is notified and makes a study to ascertain if the accident was due to faulty conditions in the plant. In such an event the remedy is put into effect. Should, however, the accident have been due to some physical defect, there are steps made at once to correct this, failure of which there is a recommendation made by the physician to change the occupation of the employe.

When an employe is laid off on account of accident or illness his brass check or pin is taken up by the physician or nurse in attendance, for which he is given a receipt. The check is sent to the clock house with the laid off slip and the time keeper lifts his time card and replaces it with a red card. When the employe resumes work he goes to the clock house and is given his red card, which he takes to the hospital, where it is O.K.'d so that he can resume his duties, and where he is given his brass check. This is simply a safeguard against a possible relapse or injury due to weakness.

In case an employe is a frequent sufferer from headaches, dizziness, constipation or other ailment,



AMBULANCE AT SHOPS DISPENSARY



SECTION OF A TREATMENT ROOM

it is customary for him to report at the physical examination department or hospital to undergo examination.

Through the work of the various departments connected with the medical work, there are numbers of incipient cases of lung, liver, heart, teeth, kidney, stomach and bladder troubles discovered, and these frequently are unknown to the victim. The medical service in this way has proved to be most beneficial and the results have been a source of profit to both the company and to the employees.

An examination of the drinking water supply is made at regular intervals.

The medical department has always worked with the safety and sanitation department so that the machinery may be made more secure against the possibility of accidents as well as to improve the working conditions. The duties of the physicians include trips through the plants, to become acquainted with the men and conditions. There also are talks on safety and accident prevention to various groups. In this way employees are made to place a higher value on the work of both accident prevention and health safeguarding. The entire subject is looked upon as one of vital moment to the employees, and the results must count for a far greater sum than is measured in dollars.

Miss Fort Heads Baltimore Nurses

Miss Harriet Fort, Maryland Casualty Company, formerly vice chairman, has succeeded Miss Rebecca Coale as chairman of the Industrial Section, Maryland State Association of Public Health Nurses, Miss Coale having gone to New York to pursue special studies. Miss Helen Parsons, United Railways and Electric Company, succeeded Miss Fort as vice chairman. The directors of the association, one of whom serves as secretary-treasurer, are C. Frances Webb, Baltimore Copper Smelting and Rolling Company, and Blanche Prince, Mt. Vernon Woodberry Mills, Inc. Only graduate registered nurses are eligible to membership in the association which was organized in October, 1920, by industrial nurses of Baltimore.

Plant Hospital Essentials

Central Location and Proficient and Adequate Personnel Among Items Stressed by this Surgeon

By J. S. Dye, M. D., Supervising Surgeon, Chase Metal Works, Waterbury, Conn.

The location of the plant hospital is vital. A centrally located plant hospital saves life and suffering to say nothing of the cost to the manufacturing concern in the loss of time spent, coming and going to the hospital.

The essential points in a perfectly functioning plant hospital to my mind, are as follows:

1. Central location (bright, cheery, clean, quiet).
2. Proficient and adequate personnel.
3. Sufficient equipment, avoiding the great expense of nonessentials.
4. Adequate, but not superfluous records.
5. Attitude toward patients should be hopeful, sympathetic and painstaking in detail. Make him feel that the Medical Department is his friend and will always deal with him honestly. The Medical Department should never allow an employee to be discharged through its department.
6. Close co-operation with Compensation, Welfare, Employment and Safety Departments.

Reporting Slight Injuries

How Safety Department of the Pullman Company Induces Employees to Seek First Aid Stations

By R. P. Matthys, Safety Engineer, The Pullman Company, Pullman, Ill.

To induce employees to report to the hospital, though injuries appear trivial, we have throughout the plant first aid stations and safety committeemen. These committeemen are instructed to advise everyone to go to the hospital no matter how slight the injury, they having been told of the serious results which may follow for not doing so.

We also have Safety Bulletin boards throughout the plant, showing notices which are changed weekly, these often showing cases where serious injury has resulted from neglect of proper attention to a slight injury at the time of injury.

At our first aid stations, our equipment is of the very simplest kind, as we keep nothing but gauze bandages, adhesive plaster, picric acid pads for burns and a pair of scissors so that none but the simplest of first aid measures can be given to the injured persons. This is an added incentive to the injured person to go to the dispensary for treatment.

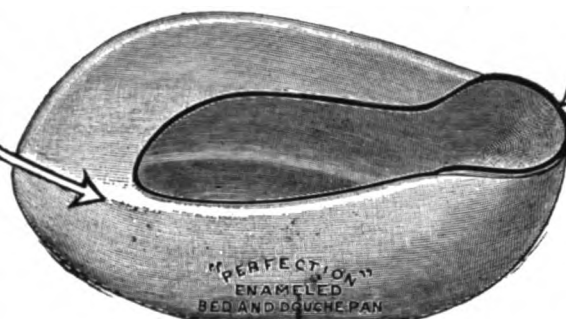
We do not believe in putting too many varieties of first aid equipment in the box. Very often the wrong thing is used and the cut or bruise is made worse instead of being benefited.

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The Seamed Pan in the White Enameled Ware is also made in the Child's Size. If you want the Pans which are anatomically correct, and which are actually Seamless, always specify the Seamless White No. 40, or the Seamless Gray No. 30. Look for the name "Perfection" on each Pan.

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Equipment for the First Aid Room

Conference Board of Physicians in Industry Establishes Minimum Requirements for Size and Utensils

[EDITOR'S NOTE: The following is from Research Report Number 34 of the National Industrial Conference Board, New York.]

In many plants the dispensary is located on the ground floor, convenient to the entrance to the plant. In other places, where elevator service is available, it is situated above the ground floor. In the latter case, a location near the elevator has been found desirable, if this permits of proper ventilation and lighting, easy access to wash and toilet rooms, and necessary quiet. It should be remembered that it is always easier to take an injured or ill person down stairs than up stairs, and this fact should largely determine the location of the dispensary on the ground floor, if suitable space is there available.

In some plants the work of the medical department has been facilitated by the provision of additional space for office and record equipment, preferably adjoining or near the dispensary.

As most treatments are given during working hours, and as the worker is away from his job while visiting the dispensary, it has been found well to locate it in a fairly central place, to avoid waste of time in traveling to and from it. It is equally important that provisions for treatment be such as to require the least loss of time in dressing injuries. Consequently, much thought should be given to the kind and convenience of location and equipment of plant dispensaries. It is desirable that dressing tables, instruments and dressings, sinks and waste receptacles be placed with a view to quick and efficient treatment of cases.

It is found in practice that many servicable arrangements of equipment are made to meet requirements of available quarters or the ideas of works physicians. In field studies of industrial medical departments several interesting adaptations of the medical work have been found. As described above, in one dispensary the sinks are located in the center of the room where the nurses and doctors can work from both sides. This has been found a decided advantage in a busy place. One end of this same dispensary can readily be made into two semi-private examining and dressing rooms by the means of wide curtains on rollers attached to a framework higher than a man's head and supported from the ceiling. When not in use the curtains are rolled up out of the way.

In another busy dispensary, all of the work is done in one large room, but the equipment is divided into units, each with its own dressing table and other supplies and instruments. There are

units for treatment of the eye, nose and throat, infections, and general dressings.

In another dispensary with two full-time physicians, each doctor has a separate office fully equipped for all ordinary work, so that each patient can be seen in the strictest privacy. This method entails duplication of equipment not necessary in plants having one general dressing room.

In one plant a well-equipped laboratory is installed for both clinical and bacteriological work.

In one large dispensary all first dressing of injuries are made in a room devoted to this purpose, with separate equipment and instruments used here only, redressing being done in other rooms. In this way, it is reported, infections are reduced to a minimum.

BRANCH DISPENSARIES

In plants with large numbers of workers or those covering considerable territory, it has been found desirable to install branch dispensaries in charge of trained nurses, the works physician having regular visiting hours, in addition to being always on call. These branch dispensaries enable more prompt attention to injuries, with a reduction in the amount of time lost either through visiting the more distant main dispensary, or by failing to visit it. The advantage of branch dispensaries has been shown clearly in the work of two adjoining textile mills. One has 15,000 employes with one dispensary; the other mill has 1800 employes with one main and three branch dispensaries. In the smaller mill the number of dispensary visits was relatively seven times that of the larger mill.

Physicians in industry assert that each establishment should have a sufficient number of branch dispensaries to reduce to a practical minimum the time lost by an employe when visiting the dispensary.

Some large industrial establishments are located in remote sections where no hospital or medical facilities are available. In such cases it has been found necessary to provide facilities for complete medical and surgical care; but these larger hospital organizations cannot take the place of the plant dispensaries, which must be maintained to effect closer and quicker contact with employes injured or ill. Under such circumstances the hospital becomes a community rather than a purely industrial asset, and the most valuable work, in a measure, is that of the branch dispensaries in the shops.

FIRST AID ROOM

In some industrial establishments not large

SINCE it is an established fact that oral filth and infections of the peridental structures hold a causal relation to many systemic diseases, it follows that the physician often finds it necessary to *insist* that the teeth be kept clean.

On these occasions, Colgate's Ribbon Dental Cream doubtless comes to his mind because of its intrinsic merit as a dental detergent. He may also find satisfaction in specifying Colgate's, because it stands in such sharp contrast to the mass of tooth pastes for which wholly unwarranted remedial claims are made.

S P E C I A L S U P P L I E S

Colgate's C. P. GLYCERIN (98%) 10 and 25 lb. cans.

Colgate's Unscented TALC in 25 lb. cans.

Charmis COLD CREAM in 5 lb. quantities.

Arctic Chipped Soap—Octagon Laundry Soap and other Laundry Soap Products in quantity.

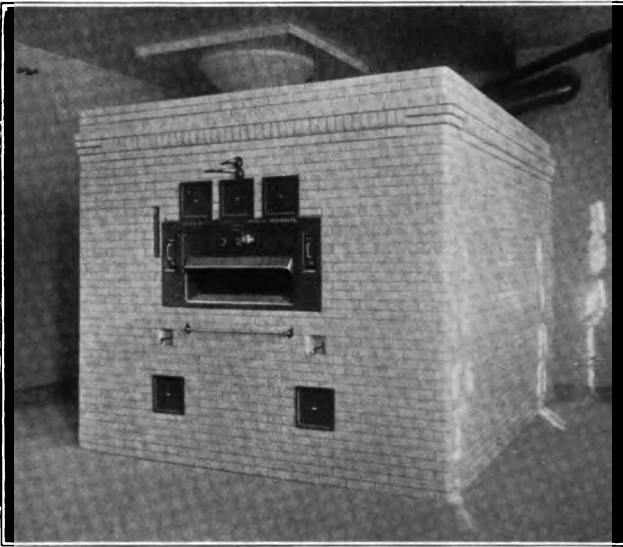
Write for Interesting Terms

COLGATE & CO.

Dept. 86

199 Fulton Street New York

Dr. Wylie Installed This Oven



*"Helm-Built" Oven in the Institution for the Feeble-Minded
(Dr. A. R. T. Wylie, Supt.) Grafton, N. Dak.*

Your Hospital

Needs a real bakery oven. Why? For such practical reasons as these:

1. It will enable you to produce your own bread in any desired quantity, and of the highest quality.
2. It will give you fresh bread for your patients, staff and help, at less than it costs to buy it.
3. It will provide the best method of baking not only bread, but rolls, cakes and pastry.

Why a "Helm-Built"?

"There's a Reason" why the famous "Helm-Built" oven, the kind that hundreds of bakers use, is the best oven for the hospital, small or large.

In fact, there are several reasons.

1. Its construction excludes fuel fumes from the baking chamber.
2. It is heavily built, entirely of brick, completely cleanable and perfectly sanitary.
3. Every oven is built and installed by us, so that you have the advantage of the maker's interest in doing the job right.

A bakery is not a kitchen—and a kitchen is not a bakery. You ought to find out the advantages of a real bake-oven—it will cost you nothing to investigate, and may enable you to save substantially for your hospital.

*If You Use Bread in Quantity,
Your Hospital Needs a "Helm-Built."*

HELM-BUILT OVEN CO.

115 S. Dearborn St.,

Chicago, Ill.

Send for the Big Bakery Book—Free.

enough to require a fully organized dispensary it has been found desirable to equip a room where first-aid treatment can be given. Such a room may be in charge of some one with first-aid training, or a trained nurse. Its use contemplates activities of a more technical character than those called for in administering the first-aid instructions noted elsewhere in this report.

To assist in the improvement and standardization of emergency treatment in industrial establishments, the Conference Board of Physicians in Industry has established minimum requirements for the size and equipment of the standard first-aid room, as follows:

A first-aid room should be not less than 9x12 feet in size, should be well lighted and ventilated, should have running water—hot as well as cold, if possible—should be provided with toilet facilities in or near the first-aid room. The light should be particularly good at the point where first-aid service is to be rendered, where an adjustable electric lamp would be very serviceable and convenient. Aside from ordinary good ventilation, it is desirable to arrange for a large inflow of air by fans or otherwise, to stimulate patients when feeling faint. The ceiling and walls should be light in color and frequently cleansed.

- 1 metal combination dressing table with drawers to hold instruments and dressings.
- 1 metal chair with head and arm rest.
- 1 metal cot stool built in combination with metal waste can.
- 1 small wooden or metal examination table with pads, with ends hinged to drop down.
- 1 stretcher, or the army type (canvas stretched over two round wood poles) or one of metal.
- 1 small instrument sterilizer arranged for electric, gas, alcohol or kerosene burner.
- ½ dozen utensils, such as arm and foot basins, 3- or 4-quart ordinary basins, 2-quart dipper, bed pan, etc.
- 1 portable first-aid outfit (see page 29).
- Appropriate instruments, including razor.
- Dressings; splints; drugs.

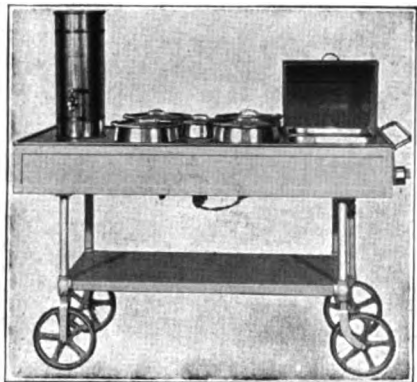
In practice the equipment in such a room has been found sufficient to meet the needs of a small plant dispensary. And the first treatment and redressings of minor injuries can be done here successfully by a trained nurse or physician. It will be found rather too small to care for a large number of cases daily, but in many instances it has proved adequate for the needs of the smaller establishments.

SPECIAL EQUIPMENT

Investigations show that equipment for X-ray work is found increasingly useful in industrial medical practice. With foreign bodies in the flesh, in fractures, and in dental work it is proving of great value. The psychological effect upon the employe has been found decidedly favorable, especially in cases of doubt as to the nature of the injury.

In some industrial plants, cases needing X-ray

PORTABLE ELECTRIC STEAM TABLE



An electrically-heated conveyor, providing hot food service at the bedside. Heat is maintained by electric heating units under water compartment. Can be easily attached to any electric light socket. Equipped with



Write for
our 1921
Catalogue.

"WEAR-EVER" aluminum utensils, consisting of a specially designed "WEAR-EVER" Coffee Urn, four covered vegetable jars, one covered gravy jar, and two meat pans with revolving covers.

The above table, originally designed and manufactured by us in our own factory for Mercy Hospital, Chicago, is just one of the many items we manufacture and supply to Hospitals and Institutions for the preparation and serving of food.

THE STEARNES COMPANY

133-135 West Lake Street, Chicago

examination are referred to outside physicians. The natural tendency in such an agreement is to send only the more serious cases to be examined, thereby neglecting adequate injuries. Besides, this practice often proves in the end as expensive, and sometimes more costly, than the installation of an X-ray outfit. X-ray equipment is now available which combines simplicity of construction and ease of operation with a moderate price, thus making it possible for each plant to have its own. With such equipment a large number of small inquiries can be studied by fluoroscopic methods, thereby obviating the necessity for more expensive plate exposures.

SUPPLIES

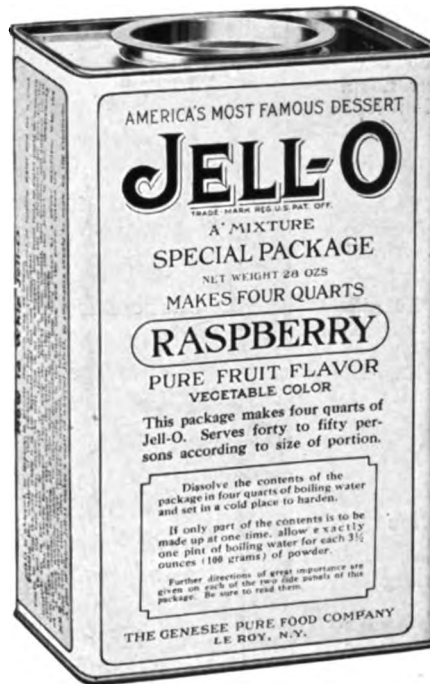
When considering the medicines and supplies necessary for the industrial dispensary, experience advises limiting the number of these to the fewest possible, both as a measure of economy and to save space. Where only emergency and first treatments for ill persons are given, one or two simple remedies for headaches, colds, constipation and associated conditions usually meet all requirements. For surgical dressings, iodine solution, a mild antiseptic such as boric acid, a stronger one such as some chlorine compound, a solution for a simple wet dressing, physiological solution (.7%) and one or two ointments, practically cover the field. If more extended medical or surgical treatment is necessary, hospitalization of the patient is indicated. The number of bandages, dressings, splints, and other appliances and instruments needed depends upon the kind and amount of work done in the dispensary.

FIRST AID OUTFITS

Where there are one or more dispensaries in a plant and these are in close proximity to the work rooms, it has been found advisable to have all injured or sick employees report to the dispensary for dressings or treatment rather than resort to first-aid measures in the work rooms. If first-aid outfits are available in work rooms, employees will frequently not visit the dispensary for treatment of small injuries but will indulge in self-treatment, which is often insufficient or of the wrong kind. Many cases of infection develop from inadequate self-treatment or from the neglect of small injuries, with the result that much more work time is eventually lost than if the injured worker had gone to the dispensary when the injury first occurred.

Sometimes plant conditions make the distribution of first-aid outfits throughout the departments advisable. In that case, however, it has been found best to locate these outfits in the office of the superintendent or foreman, and to have either these persons or their clerks properly instructed in methods of first-aid work and enjoined, above all, to give only such treatments as properly fall with-

"America's Most Famous Dessert"



The Gallon Package

PACKED in cases of twelve packages. Distributed by all Wholesale Grocers. At \$9.00 a case, each gallon of jelly may be figured at a cost of 75 cents. A liberal serving for 1½ cents for each person. Most important of all—the Jell-O standard of quality which has led the field for a quarter of a century.

Write for a free Recipe Folder

THE GENESEE PURE FOOD COMPANY

Le Roy, N. Y.

Bridgeburg, Ont.

"Clean Up—Freshen Up"

National Hospital Day, May 12

With "BURNITOL" Cleansers and Disinfectants.

"BURNITOL" Products include every necessity to place and keep your hospital in the best possible condition from the sanitary standpoint.

Patients are more comfortable and better satisfied when they see everything about them bright and clean. Visitors, whether in the kitchen, the offices or patients' rooms, are more favorably impressed.

You can **PROVE** the Value of Burnitol Products with a Trial Order, shipped subject to your approval. If not perfectly satisfactory, goods are returnable at our expense.

See What You Need In These Lists

Burnitol Cleaning Supplies

Green Soap	Soap Chips
Surgical Soap	Dish Washing
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Vegetable Oil Soap	Mopping Powder
Cleanser and	Scouring Powder
Water Softener	Sweeping Com-
Bleacher and	pound
Stain Remover	Floor Dressing
Soda	Metal Polish
Soap Powder	

Disinfectants and Deodorants

Forma-Germkill Fumigators

BURNITHOL (Carbolic Coefficient 20)

Liquor Cresolis

Pine Oil Disinfectant
Liquid Cleanser
and Disinfectant

Odorless Deodorant
Drip Fluid
Toilet Cleanser
Insecticide

For Sputum Disposal

"The Safe Way is the Easy Way." Use BURNITOL Sputum Cups and Pocket Flasks—the acknowledged sanitary receptacles. "To Be Certain—Burn It All."

Send list of items in which you are interested, with your name and address of hospital, and free samples will be sent promptly.

Burnitol Manufacturing Co.

Main Office and Factory:
Everett Station, Boston, Mass.

Chicago Office:
37 N. Market St.

San Francisco Office:
635 Howard St.

in the limits of first-aid practice. The value of such an arrangement is predicated on the works physician having full charge of all of the first-aid outfits and first-aid men, and following closely the work of the latter. In one large establishment first-aid jars are placed in every department under the supervision of the foreman or clerk who has had training in first-aid work. Slight injury and the treatment given is promptly sent to the works physician so that he may keep in touch with these minor accident cases and if, in his judgement, it is advisable, have them further treated in the dispensary. By the provision of such first-aid facilities in this plant it has been found that many employees seek treatment for slight injuries who would not take time to visit the plant dispensary.

Where departments operate at night when the dispensary is closed, or where no dispensary is maintained in the plant, first-aid outfits in work rooms become a necessity.

Wherever used, first-aid outfits should be kept available in a clean place, preferably in the office of the superintendent or foreman, and they should be in charge of some employee or employees who have been instructed in the application of first-aid measures. The contents should be replenished as soon as used, and when infrequently used should be regularly inspected and deteriorated supplies replaced.

The Conference Board of Physicians in Industry has, as a result of long experience, recommended the following as a standard adequate supply of first-aid materials which covers practically all state legal requirements:

- 1 Tourniquet.
- 1 Pair scissors.
- 1 Pair tweezers.
- 1 Triangular sling.
- 1 Wire gauze splint.
- 1 Teaspoon.
- 12 Assorted Safety pins.
- 1 Metal cup.
- 1 Medicine glass.
- 2 Medicine droppers.
- 3 Paper drinking cups.
- First aid record cards.
- 1 2-oz. bottle castor oil.
- 2 3-oz. tubes burn ointment.
- 1 2-oz. bottle 3% alcoholic iodine.
- 1 2-oz. bottle white wine vinegar.
- 1 2-oz. bottle 4% aqueous boric acid.
- 1 2-oz. bottle aromatic spirits of ammonia.
- 1 2-oz. bottle Jamaica ginger (or substitute).
- 1 Piece flannel, 24 in. by 36 in.
- 1 Roll absorbent cotton (1.5 oz.).
- 1 3-in. by 10-yd. gauze bandage.
- 1 2-in. by 10-yd. gauze bandage.
- 2 1-in. by 10-yd. gauze bandages.
- 1 Spool 1-in. by 5-yd. adhesive plaster.
- 6 Sealed pkgs., 6-in. by 36-in. sterile gauze.



*Gold-Seal Battleship Linoleum
is made in both brown and green*

Out into the Sunshine—

THROUGH wards and halls roll the wheel chairs, each bearing a cheerful convalescent into the health-giving sunshine of the hospital porch.

But no rattle of wheels, no clatter of footsteps must disturb the less fortunate ward patients. The modern hospital demands quiet floors—one reason for Gold-Seal Battleship Linoleum's appeal to hospital folk.

This 100% efficient hospital floor-covering is silent and comfortable underfoot, restfully good looking, durable and very easy to keep clean and sanitary. This all-round efficiency, strengthened by an absolute, definite guarantee of satisfactory service, has gained the unqualified approval of the practical far-sighted hospital executive.

Look for this Gold Seal

"Satisfaction Guaranteed or Your Money Back"—so reads the Gold Seal Guarantee which is found pasted on every roll of Gold-Seal Battleship Linoleum.



CONGOLEUM COMPANY

INCORPORATED

Philadelphia New York Chicago Boston Kansas City Pittsburgh St. Louis
San Francisco Cleveland Minneapolis Dallas Atlanta Montreal

GOLD SEAL Battleship Linoleum

(THE FAMOUS FARR & BAILEY BRAND)

Made According to U.S. Navy Standard

The Table of Dependability

In order to perform any operation successfully, the surgeon must be able to depend, to a great extent, upon his assistants, both human and mechanical. The slightest jar, the smallest slip, can very easily bring about disastrous results.

K-S Universal Model No. 3 Operating Table



permits of the patient being placed in any position the surgeon may desire . . .

Trendelenburg, Extreme Lordosis, Reflex Abdominal, etc., and can be depended upon to solidly maintain that position. The table can be changed from one position to another quickly, smoothly and silently, eliminating disturbing jars and the hampering loss of time.

From the standpoint of economics the Universal Model No. 3 Operating Table is a profitable investment, as it satisfactorily and efficiently lends itself to such a large variety of uses.

Secure prices and a descriptive bulletin of the Model No. 3 from your dealer, or write to us direct.

Built Up to a Standard—Not to a Price

**The Kny-Scheerer Corporation
of America**

56-58 West 23d St.

New York

Workers Dislike "Hospital"

So Continental Corporation Medical Quarters Became "First Aid" Department With Good Results

By J. R. Anderson, First Aid Department, Continental Motors Corporation, Muskegon, Mich.

The problem of getting employees to report to the first aid department when injuries appear to be trivial was one of our troubles. We tried to educate the employees by giving talks at mass meetings, with bulletins and A. V. O. to foremen, etc., but without result. Every so often an employee would come in with an injury badly infected, which showed we were not getting desired results.

The writer went through the shop and talked with the men personally, and the opinion seemed to be, generally, that the employees disliked the word "hospital" and only came in as the last resource. The following plan was put into effect with splendid results: The word "hospital" was dropped and the "first aid department" used instead.

A general order was sent out to all foremen by the factory manager that all employees must visit first aid for physical examination. Thus they had an opportunity to meet our doctor, nurses and record clerk, and our methods were explained. All new employees now report direct from the employment department.

Our aim was to impress upon the employees that we were here to give a service that was absolutely free for the asking. This plan obviates any chance of the new employee saying he did not know where the first aid is located in a large plant like ours.

Chicago Industrial Physicians Organize

The Chicago Society of Industrial Medicine and Surgery has been organized with headquarters at the office of Dr. H. C. Lyman, secretary, 10 South LaSalle street. Dr. E. W. Hopkins is president, and Dr. Frank H. Morton chairman of the program committee. The society already has a membership of ninety industrial physicians and surgeons. Its object is to advance industrial medicine and surgery by exchanging ideas, and to bring before its members the latest developments in medicine and surgery.

New England Nurses Meet

The monthly meeting of the New England Industrial Nurses Association was held April 9 at 3 Joy Street, Boston, Mass. These meetings are held on the second Saturday of each month, from October to June. The speaker for April was Mrs. Lois B. Rantoul, an executive of the Boston Women's Trade Union and chairman of the legislative committee, whose subject was: "What the Working Woman Needs in Industry."

New Hospital for Railroad Employees

A hospital building with a capacity of 140 beds is planned by the St. Louis and San Francisco railroad to replace the present structure at Springfield, Mo.

NOTICE

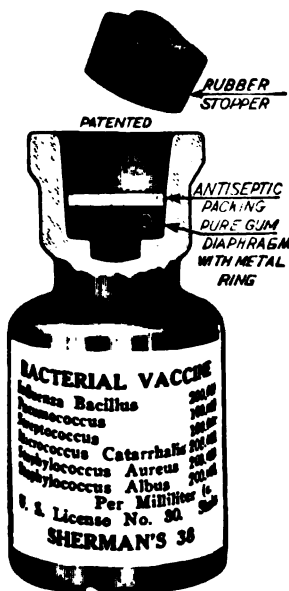
SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW
10 MIL. (C.C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.



Twenty Preparations.
Beyond the experi-
mental stage.

Millions of doses have
Been administered.

The largest producers of
Stock and Autogenous
Bacterial Vaccines

MANUFACTURER
OF
BACTERIAL VACCINES
G. H. SHERMAN, M.D.
Detroit, Mich.
U.S.A.

"Sherman's Vaccines are Dependable Antizens"

"Are not equalled, and cannot be sur- passed"

— an honest opinion given
after a real test of

Curity
Hospital Pads

Whether you make or buy,
Curity Hospital Pads give op-
portunities for economies in

Time
Money
Materials

They are—

- 1—Adequate in size
- 2—Superior in materials
- 3—Convenient in form
- 4—Really absorbent
- 5—Easy to handle and ster-
ilize
- 6—And INEXPENSIVE.

The Curity Hospital Pad can best
speak for itself. A six pad sample for
test and comparison sent free in re-
ceipt of this coupon.

Lewis Manufacturing Co.,
Walpole, Mass.,

I make—buy—Hospital Pads. Please send the
sample of Curity. I am superintendent of the

..... Hospital

Address

Name

Wisconsin Program Announced

(Continued from page 54)

Thursday, May 26, 9 A. M.

Election of Officers; Reports of Committees;
address by representative of the American Hospital
Association; address by representative of the
American College of Surgeons.

"Recent Advances in Occupational Therapy"—
Russell Bird, director of crafts, Wisconsin Psychi-
atric Institute, Mendota.

"Round Table on Hospital Administration"—
Conducted by Asa Bacon, superintendent, Presby-
terian Hospital, Chicago, treasurer of American
Hospital Association. Assisting Mr. Bacon: Miss
Amalia Olson, R. N., Luther Hospital, Eau Claire;
Dr. S. M. Smith, Hanover Hospital, Milwaukee;
H. K. Thurston, Madison General Hospital, Mad-
ison; Miss Schoolbred, R. N., Ashland Hospital,
Ashland; Miss Hannah Paulson, R. N., Wisconsin
Deaconess Hospital, Green Bay; Mrs. G. A. Hipke,
Milwaukee Maternity and General Hospital, Mil-
waukee; Sister M. Seraphia, C. S. A., St. Agnes
Hospital, Fond du Lac; Dr. J. W. Coon, River
Pines Sanatorium, Stevens Point; Dr. J. K. Good-
rich, River View Hospital, Wisconsin Rapids; Miss
Agnes Reid, R. N., Bradley Memorial Hospital,
Madison; Dr. J. W. Bauernfreund, Monroe; Miss
Ella B. Smith, Wausau.

Afternoon Session, 2 P. M., Walker Hall.

"Medical and Hospital Program of the Univer-
sity of Wisconsin"—Dr. C. R. Bardeen, Dean of
University Medical School.

"The Out Door Department—How It Can Best
Serve the Community and the Hospital"—John E.
Ransom, superintendent, Michael Reese Dispen-
sary, Chicago.

Discussion.

"Outline of Efficient Case Record System, Ap-
plicable to Both Small and Large Hospitals,"—
Miss E. Meechen, record clerk, St. Joseph's Hos-
pital, Milwaukee.

Discussion.

"The Status of the Dietitian—Necessary Quali-
fications and Training"—by Prof. L. D. Harvey,
president, Stout Institute.

Catholics to Meet at St. Paul

Dr. B. F. McGrath, secretary of the Catholic
Hospital Association of the United States and
Canada, announces that the sixth annual conven-
tion of the association will be held at St. Thomas
College, St. Paul, Minn. June 21, 22, 23, and 24.
This was the scene of the 1920 gathering. Details
of the program now are being worked out.

Chicago Anesthetists Meet

A meeting of the Chicago Society of Anesthet-
ists was held April 11, 8 p. m., at the Hospital
Library and Service Bureau, 22 E. Ontario Street.
The program included the following papers on
anesthesia and a general discussion:

"In Relation to the Hospital," Myrta Knowles,
M. D.; "In Relation to the Intern," Mary Lyons,
M. D.; "In Relation to the Surgeon," Ben Morgan,

The 1921 Convention Center of the American Hospital Association



West Baden Springs Hotel

A wonderful resort, located in the most picturesque section of southern Indiana. Its wholesome life, restful surroundings and attractive outdoor sports combined with Mineral Waters and Baths of recognized merit link it in bonds of real co-operation with the medical and surgical world, offering ideal facilities for patients during convalescence for both mental and physical conditioning.

Send for full information

The West Baden Springs Company
West Baden, Indiana
Chas. B. Rexford, President

EDMANDS Electric Bakers

(Patented)

The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

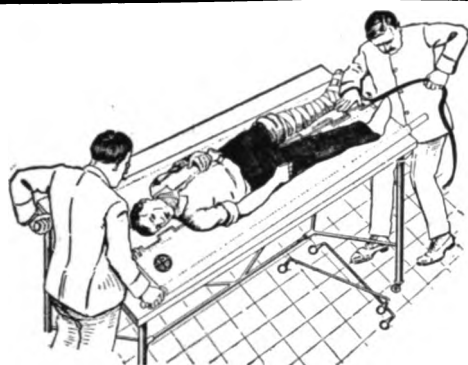
Send for our trial proposition

MANUFACTURED BY

Walter S. Edmands

NO. 9

Boston, Mass.



"The Stretcher That's Different"

It's only human to sympathize with a fellow being who has been injured and is suffering agony, but it is practical sympathy to equip your hospital or emergency relief station with

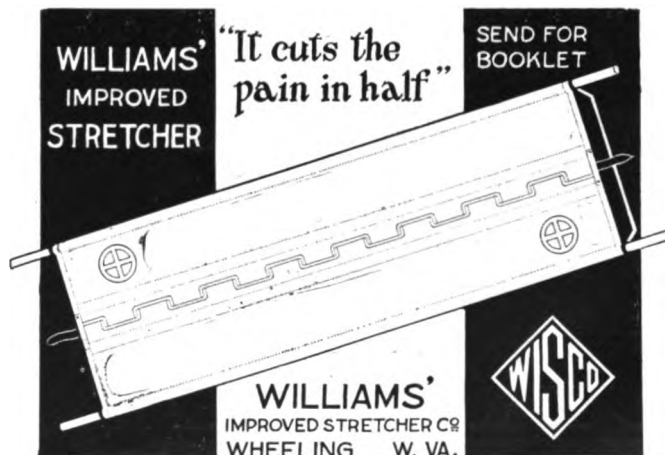
Williams' Improved Stretchers

Why the Williams Is Best

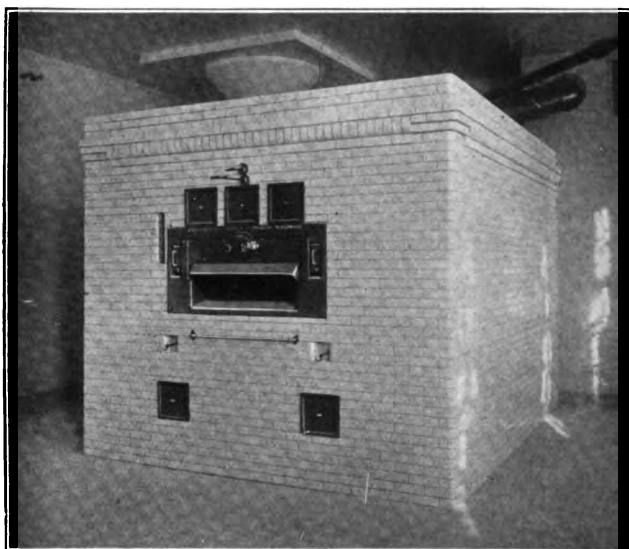
1. You can remove the stretcher from the patient, instead of the patient from the stretcher.
2. It is sanitary. It can be washed and replaced on the handles without removing one tack. "Washed as easily as a towel."
3. One Williams Stretcher will outlast two of the ordinary kind. "The cheapest stretcher in the end."
4. Legs are removable for convenience in close quarter work, and the stretcher can be used upside down equally well.
5. Williams' Improved Stretchers are comfortable, humane, practical and economical

Write for detailed description.

Williams Improved Stretcher Co.
Wheeling, W. Va.



Dr. Wylie Installed This Oven



"Helm-Built" Oven in the Institution for the Feeble-Minded
(Dr. A. R. T. Wylie, Supt.) Grafton, N. Dak.

Your Hospital

Needs a real bakery oven. Why? For such practical reasons as these:

1. It will enable you to produce your own bread in any desired quantity, and of the highest quality.
2. It will give you fresh bread for your patients, staff and help, at less than it costs to buy it.
3. It will provide the best method of baking not only bread, but rolls, cakes and pastry.

Why a "Helm-Built"?

"There's a Reason" why the famous "Helm-Built" oven, the kind that hundreds of bakers use, is the best oven for the hospital, small or large.

In fact, there are several reasons.

1. Its construction excludes fuel fumes from the baking chamber.
2. It is heavily built, entirely of brick, completely cleanable and perfectly sanitary.
3. Every oven is built and installed by us, so that you have the advantage of the maker's interest in doing the job right.

A bakery is not a kitchen—and a kitchen is not a bakery. You ought to find out the advantages of a real bake-oven—it will cost you nothing to investigate, and may enable you to save substantially for your hospital.

*If You Use Bread in Quantity,
Your Hospital Needs a "Helm-Built."*

HELM-BUILT OVEN CO.

115 S. Dearborn St.,

Chicago, Ill.

Send for the Big Bakery Book—Free.

time are apricots, apples, Royal Ann cherries, grapes, peaches, pineapple, pears, plums, new pack asparagus, baked beans, beets, corn, peas, pumpkin, sauer kraut, spinach and tomatoes. These articles can all be had on a low basis, and should work higher. Blackberries, loganberries, raspberries and strawberries also are all very cheap, but caution should be exercised in purchasing these articles, as they do not carry well, and the new pack is not so very far off. In limited quantities, however, they are a splendid purchase, as they are relatively lower than most of the other goods mentioned.

The market on pie apples, apricots and peaches is quite strong and should advance substantially in the near future. Pineapple is in great demand and shows indications of going to a higher level. All table fruits are selling freely and will probably advance during the spring and summer.

Corn is very low, but will likely remain cheap, as there is an overproduction. Wonderful values in peas are obtainable now—they are sure to register a substantial advance. Tomatoes are away below cost, and will eventually go higher, but how soon it is hard to see. Tomato puree is now being sold at sacrifice prices—it will certainly pay to load up on that article.

New lobsters are coming on the market soon at about half last year's opening prices. Sardines are very cheap, and some rare bargains are now available. There should be an unusually large consumption of sardines this summer, as prices on both the imported and domestic packs are down close to the pre-war level.

Blankets Show Decline

Wholesale prices on blankets showed a decline of about 40 per cent from quotations of approximately a year ago, according to the May 14 issue of *Dry Goods Reporter*, Chicago, which adds:

"Since opening their lines, some of the mills making cotton blankets have started full-time operation after curtailing their production for months. It is apparent that most of the mills are booking a very satisfactory business and will be well under order before long."

Cotton blankets in different colors, were quoted in case lots as follows:

STAPLE FINISH

Size	Plaid Price	Plain
64x76 whipped.....	\$1.87½	whipped \$1.75
66x80 twill whipped.....	2.50	whipped 2.00
70x80 twill whipped.....	2.67½	whipped 2.10

WOOL FINISH

Size	Plaid Price	Plain
65x76 whipped.....	\$3.00	\$2.67½
66x80 whipped.....	3.25	2.87½
66x80 bound.....	3.40	3.00
68x80 bound.....	3.60	
70x80 bound.....	3.75	3.50
72x80 bound.....	3.97½	

The *Reporter* also quoted prices on sheets 63x90, ranging from \$13.75 to \$11.35 a dozen, and pillow cases, 42x36, from \$3.96 to \$2.06 a dozen.

X-Ray Users



The Original

The Best Test Meal with Barium
Sulphate in Gastro-Intestinal
Diagnosis

The combination that is endorsed by leading
operators, because of its many advantages.

*Literature and trial quan-
tity prepaid upon request*

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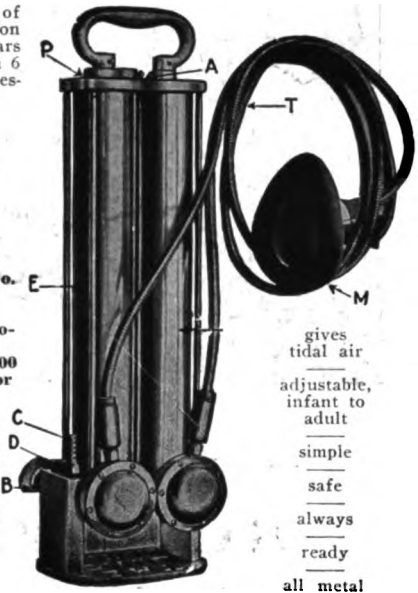
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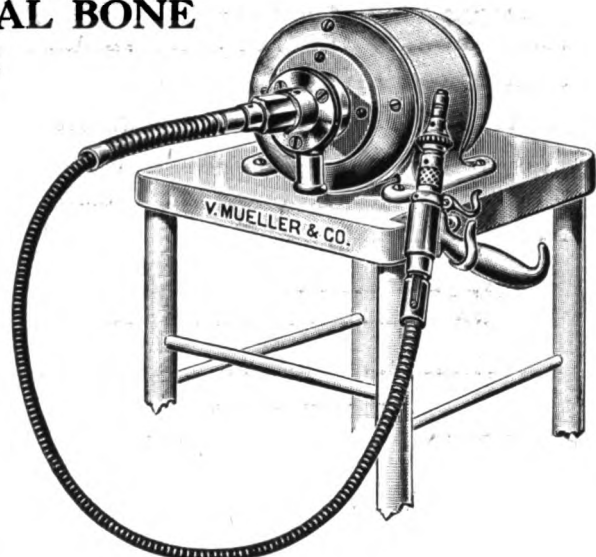
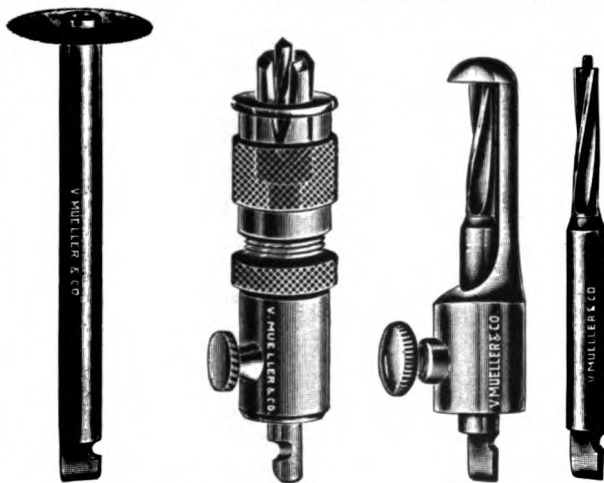
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Public Health Institute

New Gathering Planned Following Successful Conference on Venereal Disease

The success of the institute on venereal disease control and social hygiene recently conducted by the Public Health Service suggests that public health officers, practicing physicians, nurses, social workers and clinicians are eager for more training and that they will come long distances to get that training (650 attended the Venereal Disease Institute) when the best kind of instruction is offered to them, says Surgeon General Cumming in a recent U. S. P. H. S. bulletin.

The service, therefore, proposes to conduct a general public health institute to take place during the fall of 1921; and to offer 25 to 30 courses including the following:

Diagnosis and treatment of tuberculosis.

Nutrition in health and disease.

Sanitary engineering.

Clinic nursing and social work.

Clinic management.

Course in syphilis and gonorrhea.

Mental hygiene.

Industrial hygiene.

Child hygiene.

Vital statistics.

Laboratory diagnosis.

Health centers.

Various courses in psychology and sociology.

The institute faculty will be composed of 75 to 100 leading authorities, including William H. Welch, William H. Park, John A. Fordyce, Valeria H. Parker, John H. Stokes, M. H. Rosenau, Michael M. Davis, Jr., William A. White, Anna Garlin Spencer, Irving Fisher, C. V. Chapin.

Ministerial Alliance Talks on Hospitals

Dr. Louis H. Burlingham, Barnes Hospital, St. Louis, obtained the co-operation of the ministerial alliance, representing between 200 and 300 churches, in calling attention to the work of the hospitals and National Hospital Day on May 8. Dr. Burlingham also arranged for an editorial in the bulletin of the St. Louis Medical Society and in the Jackson County Society bulletin which goes to Kansas City physicians and hospitals.

Merchants' Bulletin Runs Notice

The weekly bulletin of the Oklahoma retail merchants devoted considerable space to a notice about National Hospital Day, urging the merchants of the state to decorate their windows appropriately and stimulate further interest in the work of the hospitals. Dr. Fred S. Clinton, Oklahoma chairman, obtained this co-operation.

Reception to Base Hospital Personnel

A feature of the National Hospital Day program at Pennsylvania Hospital, Philadelphia, was a reception to the members of the institution's base hospital who served overseas. A bronze tablet commemorating their service was unveiled and each member presented with a copy of a history of the unit.

Interest in Wisconsin

Through the efforts of Miss Amalia C. Olson, Luther Hospital, Eau Claire, Wisconsin chairman, hospitals of the Badger state observed National Hospital Day most appropriately.

Surveying Detroit Hospitals

The Service Bureau on Dispensaries and Community Relations of the American Hospital Association is engaged in a survey of the hospital situation in Detroit.

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Hospital Grades Its Records

Improvement in Character of Charts Is Brought About by Monthly Report at St. Elizabeth's

By R. B. Wetherill, M. D., Chief of Staff, St. Elizabeth Hospital, Lafayette, Ind.

[EDITOR'S NOTE: From a paper read at the organization meeting of the Indiana Hospital Association, Lafayette, April 27, 1921.]

Standardization is no longer a theory but an accomplished fact. During the last two years, the application of the principles of standardization to our hospitals has been productive of the most gratifying results. The success of this important movement has been largely due to a widespread recognition of the need for better hospital service, and for a higher medical and surgical efficiency, which has resulted in the effort to secure this end, through earnest and sincere co-operation of the staff, the executive, and the public; for a hospital is to be likened to a tripod, the feet representing the three supporting interests, in which a want of perfect harmony would jeopardize the stability of the whole structure.

Further advance will be made when all the states in this country will have organized a state hospital association for the purpose of securing a nationwide co-operation in the study of problems relating to public health, in promoting proper legislation in each state, and in devising a uniform scheme of statistics for comparison and study. The success of this movement can only be assured through active, persistent, and effective co-operation of institutions pursuing a common policy, and with a large representation, and it is reasonable to assume that its success will be in direct proportion to the extent of representation. In the furtherance of this end, care should be taken that the constitution and by-laws and the general scope of the work should be based on such broad principles that institutions of every denomination can join hands in this great service for the public good.

I have been asked to bring before this meeting the practical application of the principles of standardization to one of the large hospitals of this state, an institution with which I have been officially identified for the past thirty-eight years. While it would seem that what I have to offer must necessarily be only a recital of certain methods and details, applicable to the policy and requirements peculiar to a single institution, there will always be found certain underlying principles which will be of service in other institutions. The time allotted for this paper is too limited to permit going into minute details, so I must rest content in treating broadly those features which seem most important.

When it has been decided to take up the business of standardization, each member of the staff should be personally seen and his support solicited and obtained. Then there should be a conference with the management in which the advantages of standardization to the institution are duly set forth, and their obligations to the public emphasized; and, finally, a public meeting should be called to which are invited the Chamber of Commerce, and various business and benevolent organizations. At this meeting are explained the reciprocal obligations, both medical, executive, and that of the public, and

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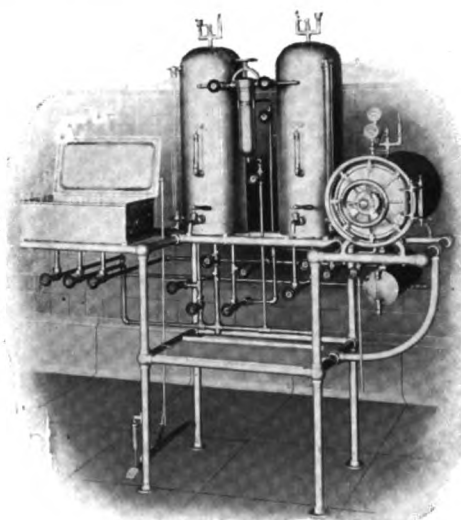
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to the latter it is particularly pointed out how vital are its interests, for in return for voluntary contributions and patronage, there is protection from unnecessary surgical operations, operations by incompetent and careless surgeons, and from inefficient medical treatment in the hands of negligent or unqualified physicians. This is the first step, and secures co-operation.

The next is institutional, which begins with a careful examination of case records. This is most important for the ultimate object of medical examination is to arrive at a correct diagnosis, upon which all subsequent medical or surgical treatment is based. Without all the facts, judgment will be defective, and treatment disappointing and unsatisfactory. These case records will probably be filled with errors, inconsistencies, and omissions, and improvement in the matter of records is difficult, as the physician is often careless and superficial in his examination, or hurried in tabulating his findings. The correction of these errors on the chart is almost hopeless for although a promise is readily obtained, the fulfillment is often unduly delayed and usually disappointing. A good way to correct this condition is to request the person whose duty it is to examine the records, to grade them according to their merits. For that purpose the data are divided into four heads—to wit:

First—Personal and Family history.

Second—Physical examination, including laboratory findings, X-Ray, etc.

Third—Operative, including laboratory report on all tissues removed, or a failure to report such tissues for examination.

Fourth—Progress sheet, final diagnosis, and condition of the patient when discharged.

When this method was adopted in my hospital, the percentage rose rapidly from 85 to 95 per cent.

In grading these charts, 25 per cent is given to each one of these classes when that portion of the record is free from criticism. This improvement was probably due to the fact that the grades of the case records were read before the monthly meeting of the staff. It was further noticed in the examination of the case records that the percentage of infections following clean operations was abnormally high. This condition was recognized by persistent high temperature or through local symptoms in the wound. A record was now begun in which was noted the number of clean operative cases of each surgeon during the month with the subsequent infections, giving name of surgeon, and of the nurse preparing the operative field, and make of catgut used, with the view of placing the responsibility where it belongs, or tracing the cause to the quality of material employed. The results of this plan were most satisfactory, as it created a spirit of emulation among the members of the staff, with a result that from a high per cent of post-operative infections this rate has fallen so that in the last ninety cases there has been but one wound infection.

Another important record is that of operations for the removal of secundines in abortion, whether made necessary by disease or through an illegal preliminary operation. Hospital regulations regarding these cases are not sufficiently strict. In many cases, the criminal act has been performed before the patient enters the hospital, and in any case, there may exist a doubt in the mind of the surgeon as to the death of the embryo. In all such cases,

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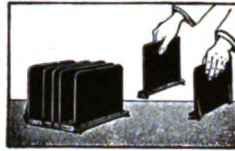
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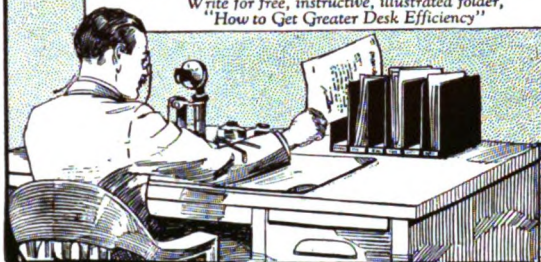
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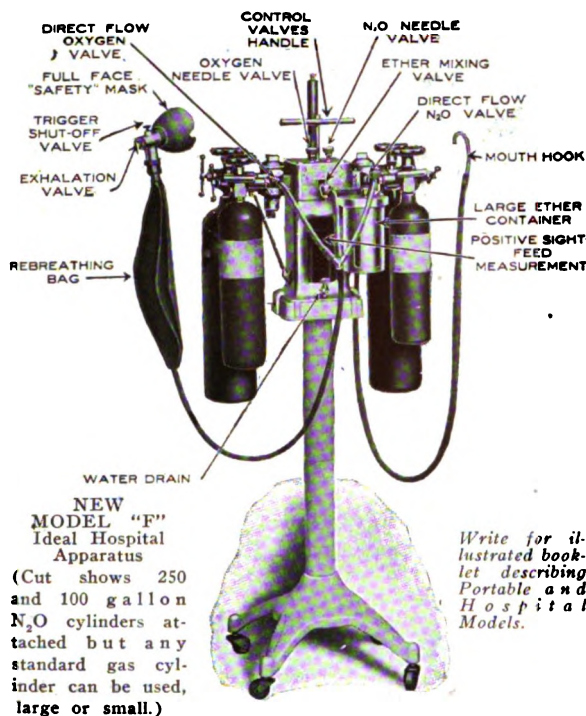
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before any operative procedure is undertaken, there should be held a consultation with some member of the staff. Furthermore, all these cases should be thoroughly investigated, with the object to ascertain the name of the surgeon or physician implicated, with the view of denying him the privileges of the hospital. The question arises, "Can an institution incorporated under the laws of the state withhold the privileges of the hospital from a physician to whom has been issued by the proper authorities the right to practice in that state?" I do not know what the law is in such cases, but it is reasonably assured that a suit for damages will not be brought which in its very nature will reveal the guilt of the plaintiff in having committed a criminal act. The operations for tonsilectomy and the extraction of teeth for the relief of rheumatic arthritis has been much abused, and in these operations, the reason for the operation should be duly set forth, and the case should be followed up afterwards to ascertain what results have been obtained.

In the obstetrical department, there is great room for improvement both as regards treatment and technique, the result of which should be of great benefit to the hospital. In all hospitals where maternity departments exist, there should be devised a uniform scheme of recording statistics, which record should cover the following data:

1. Number Deliveries.
2. Number Deaths—Mother.
3. Number Deaths—Infant.
4. Infections.
5. Forced Deliveries.
6. Traumatism.
7. Caesarean Section.

The latter should give in full detail the reason for performing the capital operation. Every hospital should know whether the mortality of the mother or infant is excessive, and that the percentage of instrumental deliveries is not abnormally high, and special care should be taken that the life of the mother should not be needlessly jeopardized by too early or too frequent resort to abdominal section.

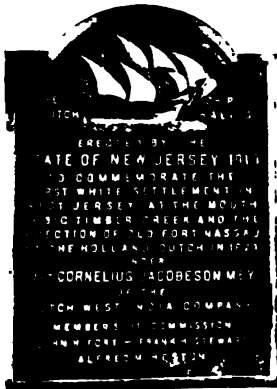
Here, then, are a few of the problems met with in standardization. Much has been accomplished already, but there is still much more to be done. We have at least made a beginning, and have demonstrated the fact that hospital standardization is not a vain theory, but a practical way of paying the obligation we owe to suffering humanity.

New Building for Illinois General

The new Illinois General Hospital building to be erected on 32nd street between Rhodes and Vernon avenues, Chicago, as a result of the \$500,000 drive to be put on June 1-11, will be a twelve story, fire proof structure containing 300 beds. It will have modernly equipped operating rooms, obstetrical department, children's section with solariums and roof garden, playground, and nurses' school.

Among its distinctive features will be its cancer research laboratories which will give every possible opportunity to all doctors interested in such research. It will have cancer wards isolated from the rest of the hospital and there also will be isolated apartments for tuberculosis patients. Careful attention will be given to the occupational therapy department. A convalescent department also will be provided.

The Illinois General neither has at present nor will have in its new building, expensive suites or charity wards. Patients will be accepted, however, to the capacity of the hospital, regardless of their financial responsibility. The new hospital is expected to be entirely self-supporting once it is built and equipped.



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Bulletin "B" describes Colson Invalid Rolling Chairs



Entire South Now Surveyed

College of Surgeons Paying Particular Attention to Hospitals Not on Last Year's Approved List

At the present time the American College of Surgeons has five visitors in the field in connection with its hospital standardization — Dr. B. W. Lowry, New York; Dr. John G. Cheetham, Pennsylvania; Dr. B. R. Weston, Minnesota; Dr. M. R. Broman, Colorado, and Dr. Carl T. Stephan, Ohio.

The entire South has been surveyed, as well as most of the territory west of the Mississippi River. Some of the central states are yet to be visited, as well as most of the middle Atlantic and New England states. Particular attention is being paid to the hospitals which were not on the approved list last year and to those which were on the approved list with an asterisk. Fifty bed hospitals which are along the route of the visitors are also being surveyed.

Dr. T. R. Ponton of the Vancouver General Hospital, Vancouver, British Columbia, will begin a survey of the Canadian hospitals for the College in a very short time. No public report of results will be available until the annual approved list of the College is published.

Since the initial meeting held in Montana on September 3 and 4, 1920, thirty state sectional meetings of the Clinical Congress of the American College of Surgeons have been held. These meetings have been well attended and have been a success. The following features are included in the program:

1. Surgical and diagnostic clinics and clinical demonstrations are conducted during the mornings by Fellows of the College, and invited associates, of the city in which the meeting is held. These clinics provide for practical demonstrations of the group method of diagnosis and teaching, in cooperation with internists, pathologists, roentgenologists, and other specialists of medicine.

2. An evening public meeting for the laity is addressed by invited laymen and surgeons; matters of vital importance to the public welfare are presented, such as the prevention of cancer and tuberculosis, physical reconstruction, hospital betterment and allied topics.

3. Scientific and literary papers relating to the art and science of surgery, are presented at meetings by local surgeons of prominence and by distinguished surgeons from other localities.

4. A special afternoon meeting devoted to hospital standardization is also held to which superintendents, members of boards of trustees, staff members and other interested persons are invited to attend. Staff members of the College present the work of the College in hospital standardization; superintendents of hospitals discuss the practical application of the Minimum Standard in their institutions; and physicians and surgeons cast individual sidelights and reflections on the problem.

The following program of the hospital conference of the West Virginia Sectional Meeting, held on April 18, serves as a representative example:

"The Standardization Program of the American College of Surgeons," Judge Harold M. Stephens, director of hospital activities, American College of Surgeons.

"The Program of the American College of Surgeons as Applied to Catholic Hospitals," Reverend

An Identification Mark—

That Is
**Clear,
Definite,
Lasting**

is quickly and easily
made with the modern

No. 8 National Power Marking Machine



on the laundry of STAFF
or INMATES of hos-
pitals and other institu-
tions. Set up like a type-
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light socket.

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chine for every identifica-
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Wells St.

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ONE-THIRD CENTURY'S RELIABILITY

WHEN ORDERING AVOID
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THE ORIGINAL

In STANDARD use for many
years in hospitals throughout
the country. Uniformly sat-
isfactory.

For special price to institu-
tions and prepaid samples
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"HORLICK'S"
Racine, Wis.

CRAGMOR CREPED TRAY COVERS

Made of clean snow white creped paper, have be-
come an instant hospital success because they
combine attractive, clean freshness with low cost,
and reduce the labor of setting a tray. Used once
and thrown away, they eliminate laundry bills,
and cost so little that the money you save in
your laundry will more than pay for them.

Cut in any size or furnished in following stock
sizes. Price in 5,000 lots, per thousand:

13½x16 per M.....	\$2.05
13½x20¼ per M.....	2.60
15x20 per M.....	2.95
16x22 per M.....	4.25

Less than 5,000, add 25c per 1,000.

WILL ROSS

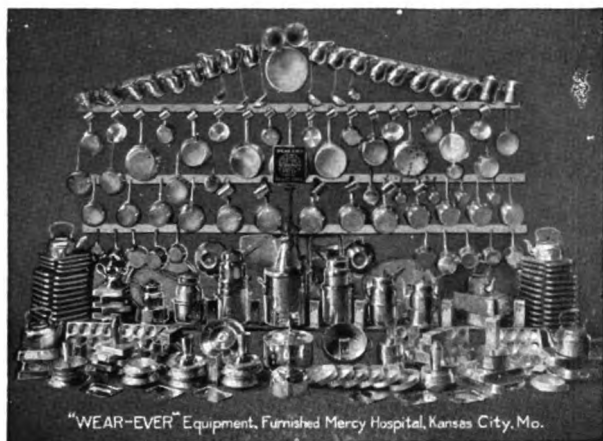
*Supplies for Hospitals, Sanatoria and
Allied Institutions*

Milwaukee, Wis.

Statesan, Wis.



Packed in
tight packets
of 1,000.



Interesting Equipment of "Wear-Ever"

Aluminum Cooking Utensils
in Mercy Hospital
Kansas City Mo.

The modern hospital today employs the same painstaking care in the selection of its kitchen equipment as it does in the choice of fittings for its wards and operating rooms.

"Wear-Ever" aluminum equipment is found in hospitals noted for faultless sanitary conditions.

"Wear-Ever" utensils are made from hard, thick sheet aluminum without joints or seams. Cannot rust; cannot flake—are pure and safe.

Replace utensils that wear out
with utensils that "Wear-Ever"

The Aluminum Cooking Utensil Co.
New Kensington, Pa.

In Canada: Northern Aluminum Co., Limited, Toronto

WEAR-EVER



TRADE MARK
MADE IN U. S. A.

With the Occupational Therapists

Among graduates of Newberry House, Detroit, who have accepted new positions lately are: Miss Ida Kirchoff, occupational therapy aide at Fort Baird, N. M.; Miss Kristine Newman, occupational therapy department, tuberculosis sanitarium, Howell, Mich.; Miss Vera Allan, occupational therapy department, Kalamazoo State Hospital. Other members of the Michigan Association of Occupational Therapy who have accepted positions recently are Miss Josephine Russell, U. S. Marine Hospital No. 7, Detroit; and Miss Hazel Baxter, occupational therapy aide Homeopathic Hospital, Ann Arbor.

Dietitians Inspect New Hotel

The Chicago Dietetic Association met Friday evening, March 18, at the Hospital Library and Service Bureau, 22 E. Ontario Street. The social part of the program consisted of a trip through the New Drake Hotel under the direction of Mr. Tyler.

Occupational Therapists' Convention

The next meeting of the National Society for the Promotion of Occupational Therapy will be held in Baltimore, headquarters at the Southern Hotel, October 20, 21 and 22, according to Dr. William R. Dunton, Jr., secretary. There will be three sessions each day. Two will be given over to papers and discussions, the third combining some social features.

North Carolina Meeting April 26

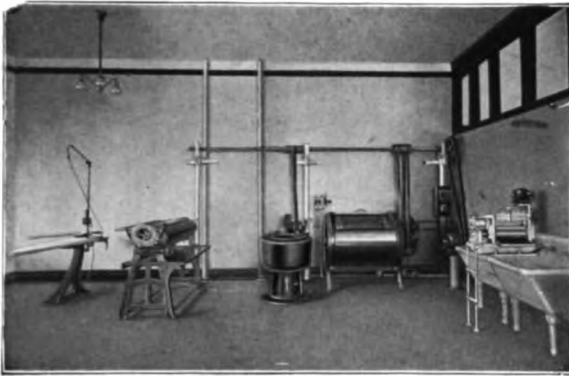
The annual convention of the North Carolina Association will be held at Pinehurst, April 26, the speakers including Dr. James M. Parrott, Kinston, president; Miss Effie Cain, R. N., secretary North Carolina Board of Examiners for Trained Nurses; Miss E. A. Kelly, Fayetteville; Miss Columbia Mund, Wilmington; Dr. J. F. Highsmith, Highsmith Hospital, Fayetteville; Dr. Thomas M. Jordan, State Hospital, Raleigh; Dr. J. W. Long, Greensboro; Dr. Wade H. Anderson, Moore-Herring Hospital, Wilson, and Mrs. Walter Hughson, Grace Hospital, Morganton. Dr. John Q. Myers, Charlotte, is secretary-treasurer of the association.

New members admitted recently include:

Clarence Barker Memorial Hospital & Dispensary, Biltmore Dr. J. W. Huston, Clarence Barker Memorial Hospital, Biltmore; Miss Mary P. Laxton, superintendent, Clarence Barker Memorial Hospital, Biltmore; Dr. James M. Lynch, Clarence Barker Memorial Hospital, Biltmore; Roanoke Rapids Hospital, Roanoke Rapids; Dr. T. W. M. Long, Roanoke Rapids Hospital, Roanoke Rapids; Miss Caroline C. Moncure, superintendent, Roanoke Rapids, Hospital, Roanoke Rapids.

Michigan Hospital Association

D. W. Springer, superintendent, University Homeopathic Hospital, Ann Arbor, and secretary, Michigan Hospital Association, writes that on February 15 there was a public hearing at Lansing on a bill which had been introduced by Senator Johnson, a practicing physician, which would place every hospital on the tax roll unless the hospital was conducted as an open hospital. The Board of Trustees of the Michigan association had a meeting and presented a united opposition to the bill. So far the bill has not been reported out of the committee and there is reason to believe that it will not be. The Michigan Association has prepared a bill including the New York features of the "Trained Attendant Law."



Install the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.

Hospital Department

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"There's a Reason"

It isn't an accident that Lansing service and dish trucks have stood the test of years in institutional and similar work. They are built that way. They save time, labor and money for you. *Let us tell you about them.*

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Chicago, 1835-37 S. State St.

New York, 28-30 Vandam St.

Kansas City, 1413-15 W. Tenth St.

Boston, 78 Cambridge St., Charlestown District

Minneapolis, 311 Third Ave., North

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San Francisco, 338-348 Brannan St.

A COMPLETE LABORATORY EQUIPMENT

At Your Price

We have recently compiled a list of equipment for hospitals which wish to install pathological laboratories. This list will satisfy the internship requirements of such States as Pennsylvania and will provide sufficient equipment for any hospital laboratory which wishes to undertake

**URINE ANALYSIS
BLOOD EXAMINATIONS
BACTERIOLOGICAL EXAMINATIONS
SEROLOGICAL EXAMINATIONS
PATHOLOGICAL HISTOLOGY
PHYSIOLOGICAL CHEMISTRY**

This list is easily modified or adapted to suit the requirements of hospitals with a more or less extensive program than is indicated above.

Furthermore, we shall be glad to make suggestions as to the size or quality of the more expensive instruments included in order to bring the list within the limitations of your appropriation.

We Wish to Be of Service

to you and trust that you will call upon us freely for advice or suggestions which may aid you in the selection of your equipment.

The list referred to above will be sent upon request with up-to-date itemized prices attached. In your inquiry ask for Hospital List No. 14HM.

CENTRAL SCIENTIFIC COMPANY

CHICAGO

460 East Ohio Street

U. S. A.



A Better Dressing at Less Expense

Impervious Cellosilk is softer, more pliable and easier to handle than Oiled silk or other materials formerly used—and is much less expensive.

Use "Hospital Heavy" Cellosilk

For all wet and moist dressing coverings, Non-adherent drainage material, Non-adherent transparent impervious dressings over burns, sutures, etc.

The "Hospital Heavy" rolls are 18 in. wide by 4 yds. long, \$2.75. The same material is prepared in "Hospital" rolls (light weight), \$2.25.

ORDER SUPPLY THROUGH ANY SUPPLY HOUSE

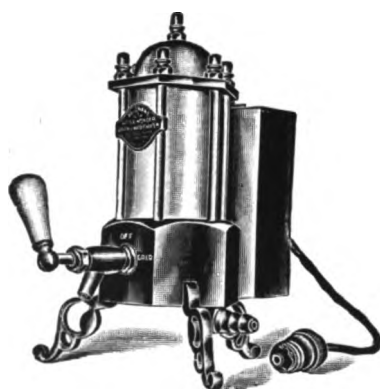
Samples and literature sent on request.

Marshalltown Laboratories

Marshalltown,

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"Little Wonder" Electric Water Heater



Continuous flow of hot water as desired, "INDISPENSABLE" for Private Homes, Doctors, Dentists and Hospitals. No extra wiring unless desired, can be attached to the ordinary socket.

Hot water running always. Where you want it and When you want it without COAL—GAS—OR FIRE, wherever you have water and electricity.

Turn handle to right—Cold Water.

Turn handle to left—Hot Water.

Made for 110 volts—A. C. or D. C.

Weight of Heater, 12 lbs. Portable or Stationary

Write at once for Catalogue

NATIONAL ELECTRIC WATER HEATER CORP.

42nd and Broadway

New York City, N. Y.

TIMES BUILDING

Prophylactic Colony in Palace

(Continued from page 41)

tasks hour after hour in the rooms of a school building, nor would the instruction be of great profit unless a special school be prepared for them, with new methods, and without severe discipline, i. e., without continuous hours at a desk—strained memory work, strained positions, etc. This school has been provided:—a school in the open, analogous to those founded in other countries with such good results. This outdoor school at the Prophylactic Colony begins as soon as the Spring days permit.

In the magnificent park surrounding the palace, under the thick shade of century-old trees, have been prepared two ample cement platforms, where the children in mild weather continue their schooling with profit to both spirit and mind.

I don't intend to dwell in detail on the life at the Colony for most of my readers are familiar with life in such an institution—but simply say that the life of the little ones is lived as far as possible outdoors in happy and playful festivities—with the agreeable games and practices of Boy Scout fame; woodcraft, ball, and a variety of other outdoor sports.

Two large gardens or parks, one free from the morning glare, the other from the afternoon sun, permit this outdoor life during the entire day and in almost all seasons.

Nor must I delay to mention the rest room and bathing equipment and the lavatories where each little colonist bathes and cleans himself each morning and evening with scrupulous care. These facilities are placed conveniently in relation to the ample airy dormitories with their long rows of tiny white-covered beds.

During the bathing and washing operations, the closest observation is maintained to prevent any exchange of supplies; toothbrushes for example, and after their use to see that they be restored to their proper receptacles, together with the individual cake of soap. This receptacle is marked with a number and each of the pieces of the child's linen and clothing bears the same number.

The problem of the linen is a serious one for the Colony for the children need frequent changes, not only because they rapidly outgrow their clothes, but because of the frequent laundering, so as to instill into their little minds from childhood this fundamental truth, that cleanliness of person is an essential of health.

The linen and clothing is provided and kept in repair by a committee of society ladies of Turin at the head of which is the persistent and tireless Signora Scolari, one of the most active of the Ladies' Committee which under the effective presidency of a lady of the nobility, Princess Laetitia of the House of Savoy and Napoleon, the Duchess of

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RADIUM of highest purity
in any quantity.

Patented glazed plaques
for superficial conditions.

Tube and Needle Applicators
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Apparatus for radium emanation
installed by our Department of Physics.

All our applicators and appa-

ratus adopted after having
been proven therapeutically
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Our Departments of Physics
and Medicine give instruction
in the physics and therapeutic
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Write for samples of colors
214 and 204 in Tinted Cam-
bric and colors 33 and 48 in
Chouaguen Opaque, which
have been analyzed by mun-
icipal chemists and adopted
by many hospital authorities.

Just the Proper Light

TO SOOTHE the patients' nerves, a hospital
room must afford *restful* light. And light, to
be truly restful, must not only be of exactly the
proper amount, but it must also be correctly and
evenly distributed.

Such perfect light control is attained thru the
use of Stewart Hartshorn shade equipment.
Mounted on their sturdy two-way rollers, with
features of construction so perfected that they
cannot "jam" or slip, Hartshorn shade equip-
ment makes possible an accurate gradation and
distribution of light.

Distributed by converters throughout the entire country.

Stewart Hartshorn
**SHADE ROLLERS AND
WINDOW SHADE FABRICS**

STEWART HARTSHORN CO., 250 FIFTH AVENUE, NEW YORK

"An Eye for an Eye"

This old Mosaic law gave way to the nobler sentiment of the brotherhood of man.

Never was there a more universal effort to preserve the public health and thus prolong the human life than now. The hospital of today is not a thing within four walls, it is a state of mind, constantly seeking for quicker, better and more efficient ways of alleviating the ills of mankind.

Perhaps that's just another reason why the country's *leading* hospitals and institutions are among the list of satisfied users of



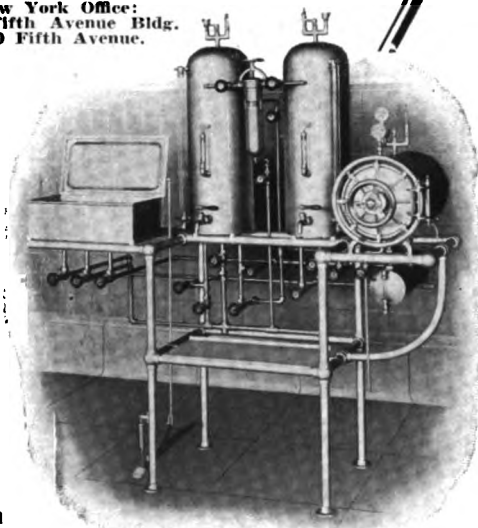
Sterilizers and Disinfectors

For over a quarter century every ounce of endeavor has been used to make the "AMERICAN" an apparatus embodying every essential for safety, efficiency and economy, until today it has attained a standard by which others are judged.

If you have a sterilizer or disinfectant problem, we shall be glad to mail descriptive bulletins, together with a list of users.

American Sterilizer Company
Erie, Pa.

New York Office:
1263 Fifth Avenue Bldg.
200 Fifth Avenue.



"American"
Steam Heated
Combination
Outfit

Aosta, gives such valuable aid and impetus to this beneficent institution.

The income for this Colony of little ones comes from several sources. There is one endowed bed, in memory of Dorina Begg who was herself a victim of the White Plague. The other sources of revenue, which give a secure basis to the finances are: the annual help of the Ladies' Committee, the contributions of the Ministry of the Interior; the Piedmont Hygienic Society; the Savings Society; the Pious Work of St. Paul; the Chamber of Commerce and other institutions, commercial and philanthropic; and in addition to the splendid palace contributed by the municipality, it also subscribes a substantial sum each year amounting to 130,000 lire annually.

The National Board of Health of Italy, in addition to its regular contributions and help, has given the Colony four portable cottages which permit the Colony to undertake another form of assistance for little folks, i. e., heliotherapy. The children of the elementary schools, of tubercular parentage may now enjoy during the vacation periods, besides an outdoor life and wholesome food, a rational sun and air cure.

For the children chosen, this Heliotherapeutic Colony represents a sort of earthly paradise with all its joys and happiness. The human flower, wrote Michelet, is of all flowers the one most dependent on air and light. And this need of the little human flower, besieged and contaminated by our vitiated and bacillus-filled environment cannot better be provided for than by such an institution as the Prophylactic and Heliotherapeutic Colony, with its open-air school, woods and park. In other words, far from the crowded contagious districts of a great city.

Its method of attack is not new, but sympathetic, active and responsive in every way to the fourfold purpose of an antitubercular campaign:—prophylactic, curative, educative and intelligent. In this manner it is sought to reach those who by reason of the unfortunate and perilous situation created for all children of our crowded tenement districts, are especially liable to become victims of the unhygienic conditions in this forced civilization of ours.

Institutions like this Prophylactic Colony of Turin where the weak child may breathe in fully and deeply, health and vitality, impose themselves on the society, as a social necessity to avert the danger which threatens the children of tubercular parents, weakened often also by slum conditions, and to fight wisely, effectively, and let us hope victoriously against the Great White Plague.

\$25,000 for Trudeau Sanatorium

Trudeau Sanatorium, Saranac Lake, N. Y., will receive \$25,000 from the estate of Mrs. Elizabeth Anderson of New York who was a generous contributor to the institution during her life.

CRAGMOR CREPED TRAY COVERS

Made of clean snow white creped paper, have become an instant hospital success because they combine attractive, clean freshness with low cost, and reduce the labor of setting a tray. Used once and thrown away, they eliminate laundry bills, and cost so little that the money you save in your laundry will more than pay for them.

Cut in any size or furnished in following stock sizes. Price in 5,000 lots, per thousand:

13½x16 per M.....	\$2.05
13½x20¼ per M.....	2.60
15x20 per M.....	2.95
16x22 per M.....	4.25
Less than 5,000, add 25c per 1,000.	

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Supplies for Hospitals, Sanatoria and Allied Institutions

Milwaukee, Wis.

Statesan, Wis.



Super-Standard
Medium Smooth
Gloves

\$4.78
PER
DOZ.



"The glove that
STANDS UP"

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Your order MAILED today will be SHIPPED tomorrow

Universal Rubber Corporation of America
Wholesale Rubber

THINK!
HOW much time you would save IF you used a **HIGHER** grade glove in your Operating Room.
IF your time is money and you appreciate a good glove, MAIL US YOUR ORDER NOW.

5% discount on
12 doz. or more

DIX-MAKE Nurses' Uniforms

Every Detail "Just So"!

NURSES who are more than usually particular as to their appearance have learned to depend upon Dix-Make Uniforms for many years past.

They have learned to expect smart style, good fit, high grade material and flawless workmanship.

We fully appreciate, therefore, our responsibility and, desiring to keep faith, are ever on the watch to have every detail "just so"—to have every garment fully up to our high standard and up to the expectation of those who have learned to wear them and to love them.

For your protection every genuine garment has "Dix-Make" label stitched inside the neck or lapel.

Sold and recommended by leading department stores from coast to coast.

List of dealers and illustrated catalog No. 20 gladly forwarded on request.

Shall we mail them to you?

HENRY A. DIX & SONS COMPANY

Dix Building

New York

Ask to see our new white IRISH POPLIN Uniform No. 667



No. 400

The authorized government uniform during the war. Of superior quality Dixie Cloth; women's and misses' sizes.

Price reduced to **\$5.00**

Other styles reduced to **\$3.50**



STANDARDIZED CASE RECORDS

Used in

A THOUSAND HOSPITALS

Our catalogs contain the following records:

**American College of Surgeons
Pennsylvania Bureau Medical Edu-
cation.**

**Catalog No. 5 — Miscellaneous
Charts.**

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

HOSPITAL STANDARO PUBLISHING CO.

Baltimore, Md.

LIGONIER

Refrigerators

The Highest Quality Produced



A wide variety of sizes and styles, something for almost every requirement.

Special refrigerators made to order.

Catalog free upon request

We ship our goods everywhere subject to examination and approval. Absolute satisfaction guaranteed.

Ligonier Refrigerator Co.

1001 Cavin Street

Ligonier, Indiana

26,000 in U. S. Hospitals

(Continued from page 59)

on March 5, 1921, nearly all being War Risk patients.

Summed up, the record is as follows:

War Risk Patients:

	Jan. 1, 1920.	Jan. 1, 1921.	Mar. 5, 1921.
Service hospitals...	4,477	9,720	12,435
Contract hospitals	4,733	9,299	10,000
Total.....	9,210	19,019	22,435

Other Patients:

Service hospitals...	2,107	2,791	3,156
Contract hospitals	249	518	506
Total.....	2,356	3,309	3,662

All Patients:

Service hospitals...	6,584	12,511	15,591
Contract hospitals	4,982	9,817	10,506
Total.....	11,566	22,328	26,097

The personnel of the service has kept pace in most respects with the increase of the hospital work. It now comprises about 3,200 physicians, 150 dentists, 1,400 nurses, 400 reconstruction aides and 125 dietitians. The nurses are still about 300 short, in spite of the efforts of the service to recruit them. Additional dietitians are also needed.

New Building for Barker Memorial

A \$250,000 building on Brandon Hill is planned to replace the Clarence Barker Memorial Hospital at Biltmore, N. C., which was destroyed by fire.

150 Bed Hospital at Fort Smith

Ground has been broken for the \$200,000 building for St. Edward's Infirmary at Fort Smith, Ark., which will contain 150 beds.

Abington to Have \$200,000 Nurses' Home

A \$200,000 nurses' home is to be built for Abington Memorial Hospital, Philadelphia, this spring.



This is an illustration of the sort of work we produce.

**DIGNIFIED
ATTRACTIVE
PERMANENT**

Let us care for your requirements in memorial tablets

Schilling Bronze Co.

Foundry and Plant
102-116 E. North St.,
Rome, N. Y.

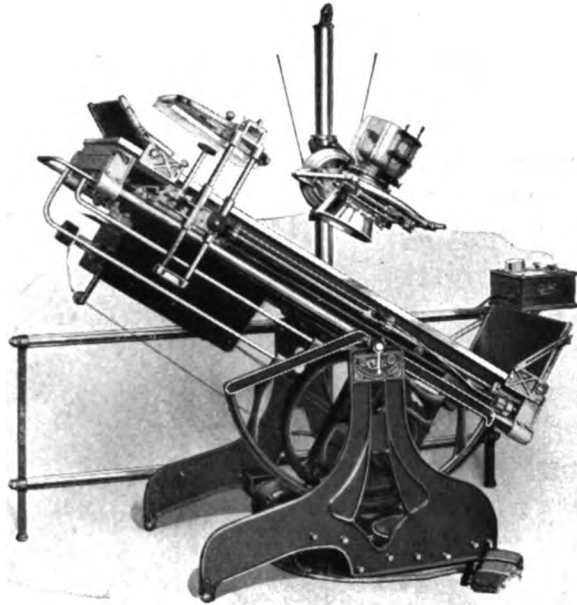
Clinix

X-Ray Plant

Contrast Its Appearance
With That of the Old Style
X-Ray Laboratory

14 Points on the Clinix

- 1—Takes the place of radiographic table, horizontal fluoroscope, vertical plate changer, vertical fluoroscope, trolley system, interrupterless or other transformer and control.
- 2—Self excited with capacity sufficient to fluoroscope or radiograph any part of the body as attested by the U. S. Army Manual and the Eastman X-Ray Exposure Rule.
- 3—Head of table drops to Trendelenburg position for noting displacement of stomach, intestines, fluids, etc.
- 4—Motor Driven so that patient is carried automatically from vertical to Trendelenburg or to intermediate positions.
- 5—After locating part on fluoroscopic screen, plate made for permanent record by same tube under table.
- 6—No shifting, lifting and climbing of patients from one piece of apparatus to another.
- 7—No overhead trolley and dangerous dangling reels.



U. S. Patents, Dec. 19, 1919; April 22, 1913; Feb. 29, 1916; Aug. 7, 1917. Also patented in foreign countries. Other patents pending. Infringers will be prosecuted.

Send coupon for catalog giving complete description and price list.

Name.....
Street.....
City.....
State.....
H.M.

- 8—No corona to light up room and kill fluoroscopic image.
- 9—No nitrous oxide from trolley to poison and sicken operator.
- 10—Wood top.
- 11—Self-rectifying tubes, easiest and surest in operation.
- 12—Head of table accessible and free from all wires.
- 13—Light weight easily movable tube carriage.
- 14—To relocate the apparatus of the X-Ray laboratory just move the Clinix that's all.

Campbell
ELECTRIC CO.
LYNN, MASS.

Hospital Economy

In the modern hospital the demand for cleanliness has called for large areas of oil painted and enameled surfaces because such surfaces are more sanitary and more easily kept clean.

The expense of repainting such surfaces is very heavy and calls for considerable expenditure. This problem is being so successfully met in an increasing number of hospitals by the use of the abrasive powder

WYANDOTTE DETERGENT

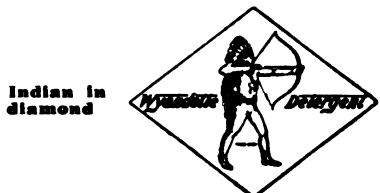
that it will be well worth your while to investigate this unusual cleaner.

Wyandotte Detergent has an easy, natural cleaning action, and while most effective in removing obstinate deposits it will not discolor, scratch or injure the most delicate surface.

You wouldn't believe, until you have actually seen it at work how easily it will save you the cost of renewing your oil painted and enameled surfaces. Many hospitals have saved many times the cost of this cleaner in one operation.

It will do the same for you.

Order from your supply house.



in every
package

THE J. B. FORD CO.

Sole Manufacturers

Wyandotte, Mich.

SUPERINTENDENTS OF HOSPITALS AND ALLIED INSTITUTIONS

Have you ever stopped to realize how easy it is to purchase Hospital Linen Requirements without getting up from your desk?

We shall be glad to forward samples and prices of any or all of your Linen Requirements, if you will co-operate with us to the extent of mailing us a list of the items in which you are interested, giving us, if possible, sizes and qualities generally used by you.

With this information at hand we shall be in position to quote intelligently, and shall be glad to forward samples and prices for your consideration, without obligation on your part.

***Sheets and Pillow Cases
Bed Spreads
Blankets
Comfortables
Quilts
Mattress Protectors
Coats and Aprons for Attendants***

***Table Cloths
Table Covers
Napkins
Huck Towels
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Bath Towels
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Kitchen Towels
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H.W. BAKER LINEN CO.

41 Worth St., New York City

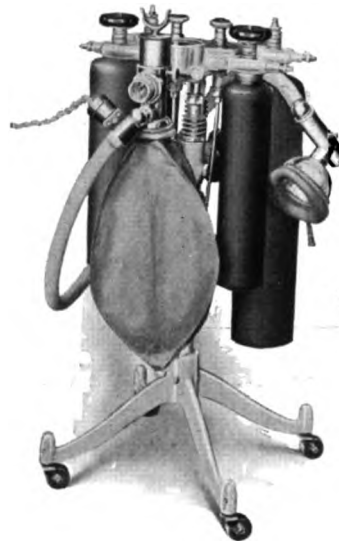
Boston
Philadelphia

Los Angeles
San Francisco

The S. S. White N20-O Apparatus

***Simple in Design and Operation
Easy and Quickly Manipulated
Adapted to Any Technique***

It responds instantly to any desired change in volume and accurately controls the delivery of the gases separately or in fixed proportions. This is a feature of great importance.



With the S. S. White Apparatus the operator may maintain continuous analgesia with the conscious co-operation of the patient, or surgical narcosis with any desirable degree of relaxation. Thus it is perfectly satisfactory for minor or major surgery, obstetrical work or for wound dressing.

Write for Catalog "R"
describing our full line
of Gas Equipment

For Sale by
Surgical Supply Houses

**The S. S. White
Dental Mfg. Co.**
"Since 1844 the Standard"
Philadelphia



**THE "ALBATROSS" TRADEMARK
ON
ASEPTIC METAL FURNITURE
MEANS**

**CORRECT DESIGN
SUBSTANTIAL CONSTRUCTION
DURABLE FINISH
ATTRACTIVE APPEARANCE**

The line complete. More than 100 different types and styles of furniture for hospitals, physicians and dentists. Write for our catalog.

**Albatross Metal Furniture Company
PORTLAND, OREGON**



CYPRESS

"The Wood Eternal"

is accounted conspicuously fine for the inside trim of the building, **especially for the hospital kitchen.** It is not "put on the warp" by steam and other forms of moisture, such as too often infest the kitchen. Then, the grain is handsome and it takes a most beautiful finish. Why should not kitchens be attractive? Would it not help solve the servant problem? Cypress lasts and lasts and lasts and lasts—and always "behaves."

Let our "ALL-ROUND HELPS DEPARTMENT" help YOU. Our entire resources are at your service with Reliable Counsel.

We invite correspondence with a serious purpose in it.

Southern Cypress Manufacturers' Ass'n

1278 Perdido Bldg., New Orleans, La., or 1278 Heard National Bank Bldg., Jacksonville, Fla.

Insist on Trade Marked Cypress at your local lumber dealer's—if he hasn't it, let us know immediately

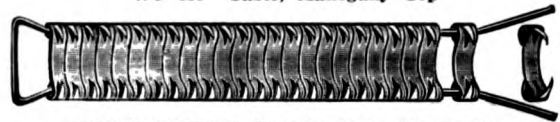
THE PIEDMONT BEDSIDE TABLES

(Patented Nov. 25, 1913)



Patented feature holds top rigid in any position by slight turn of hand screw.

WC 639a Table, White Steel Top
WC 639 Table, Mahogany Top



Butler-Michel Wound Clips; the better skin Sutures.
Special prices to hospitals.

Hospitals furnished complete.
Correspondence solicited.

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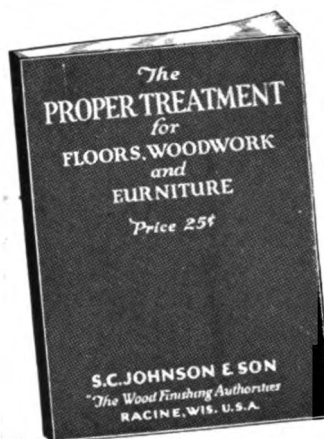
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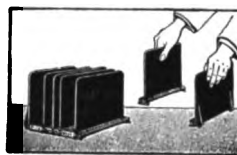
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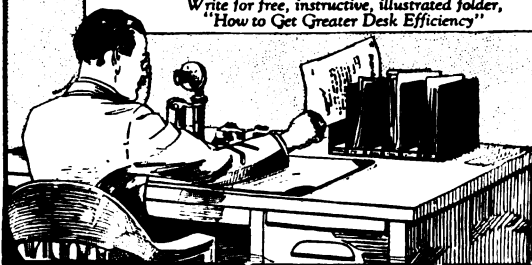
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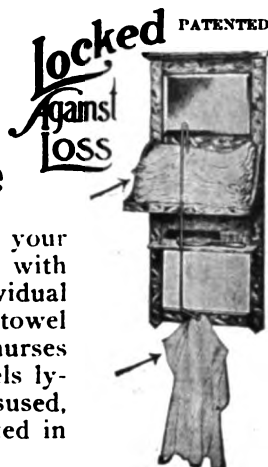
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HOSPITAL MANAGEMENT

Vol. XI May, 1921

No. V

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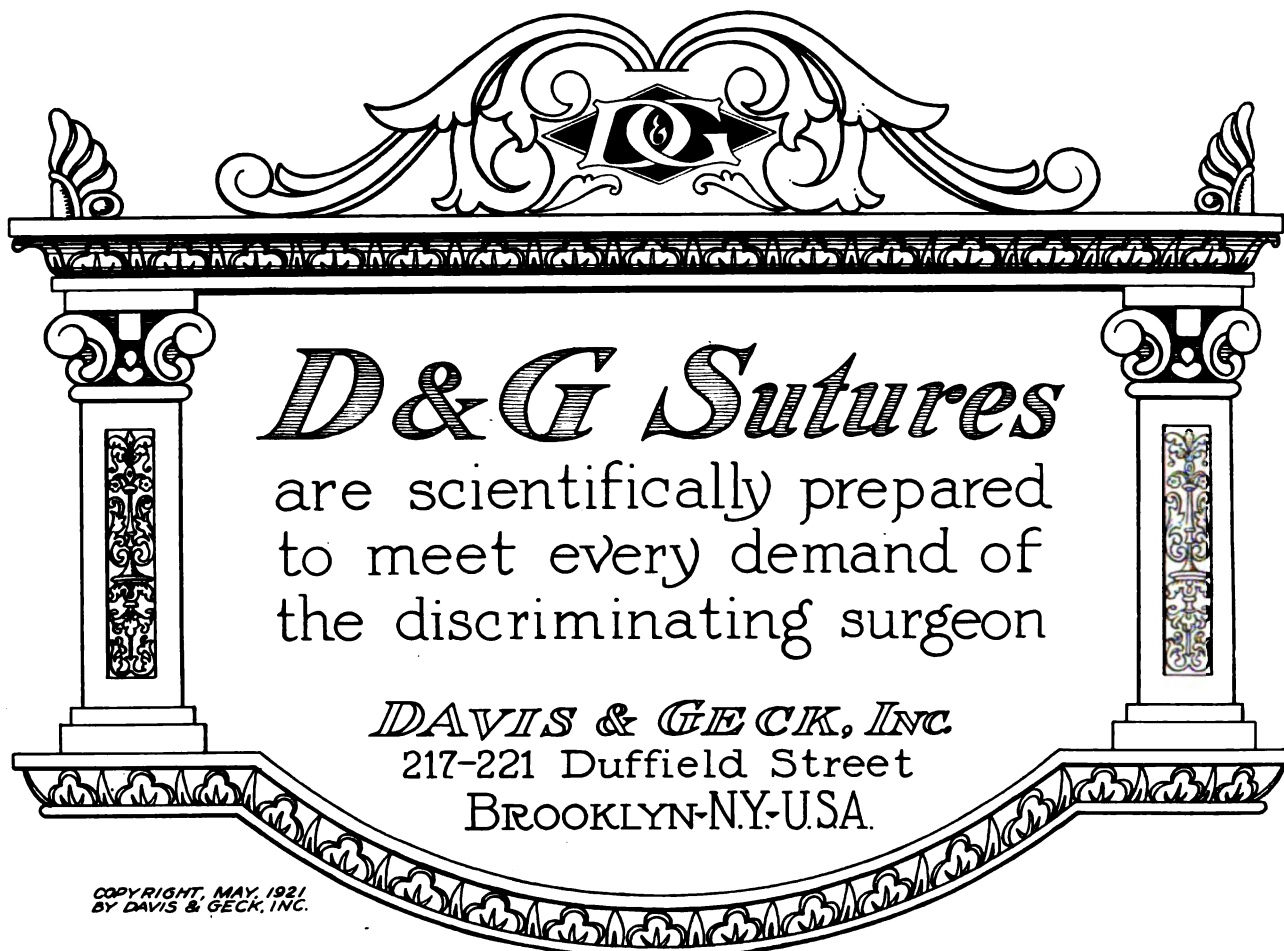
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Published on the 15th of each month at 537 S. Dearborn St., Chicago, Ill., by The Crain Publishing Company. Subscription price, \$2 a year. Entered as second-class matter May 14, 1917, at the postoffice at Chicago, Ill., under act of March 3, 1879.



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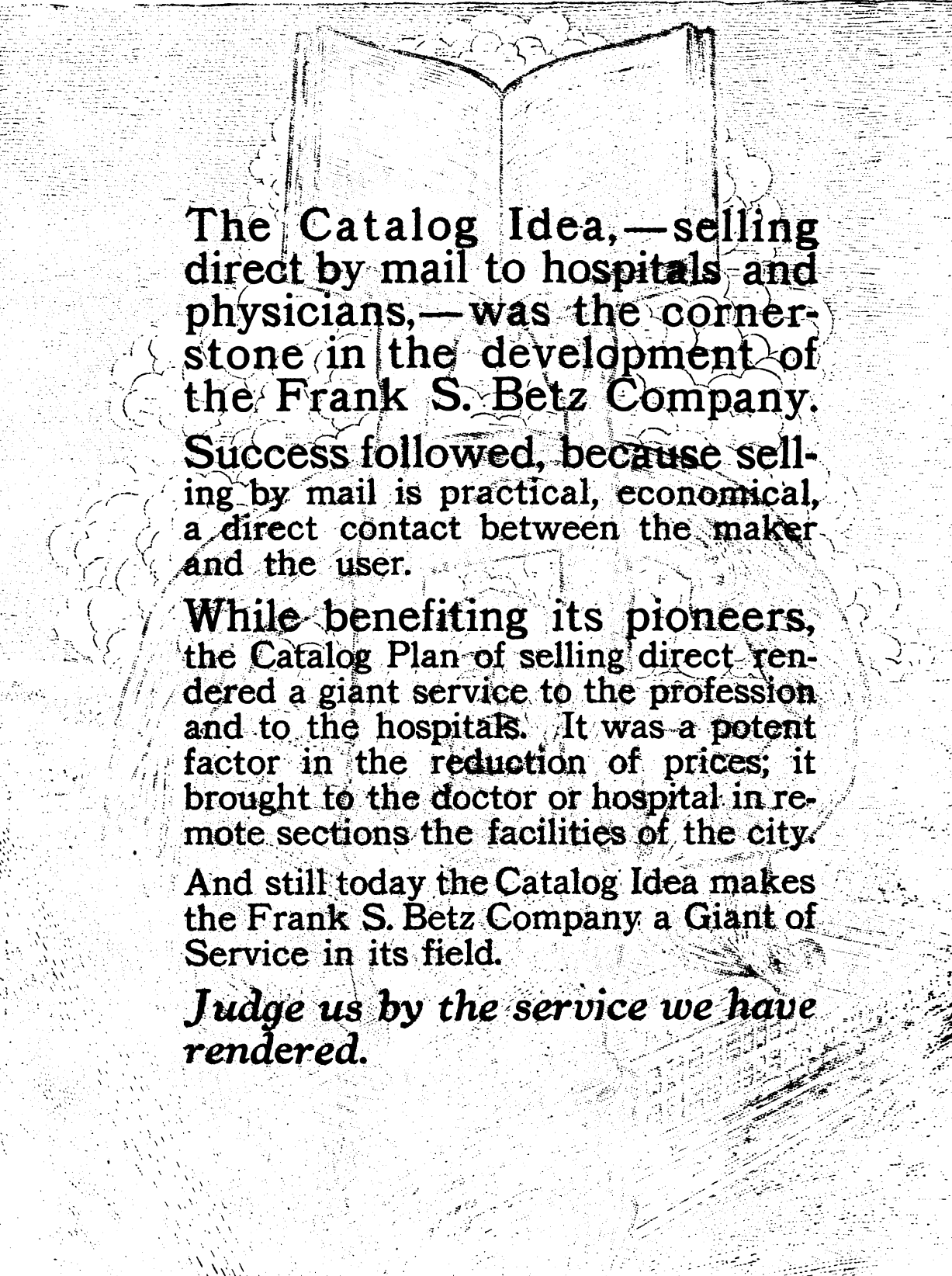
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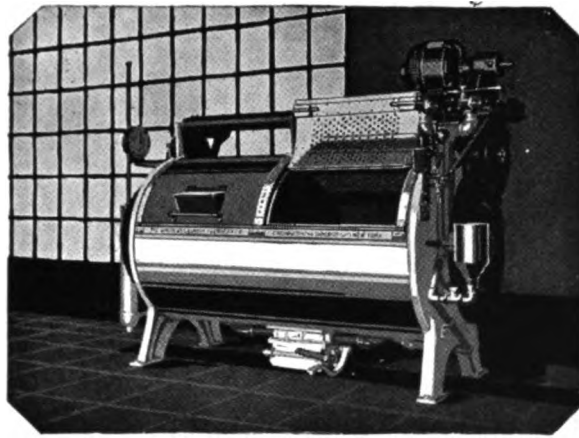
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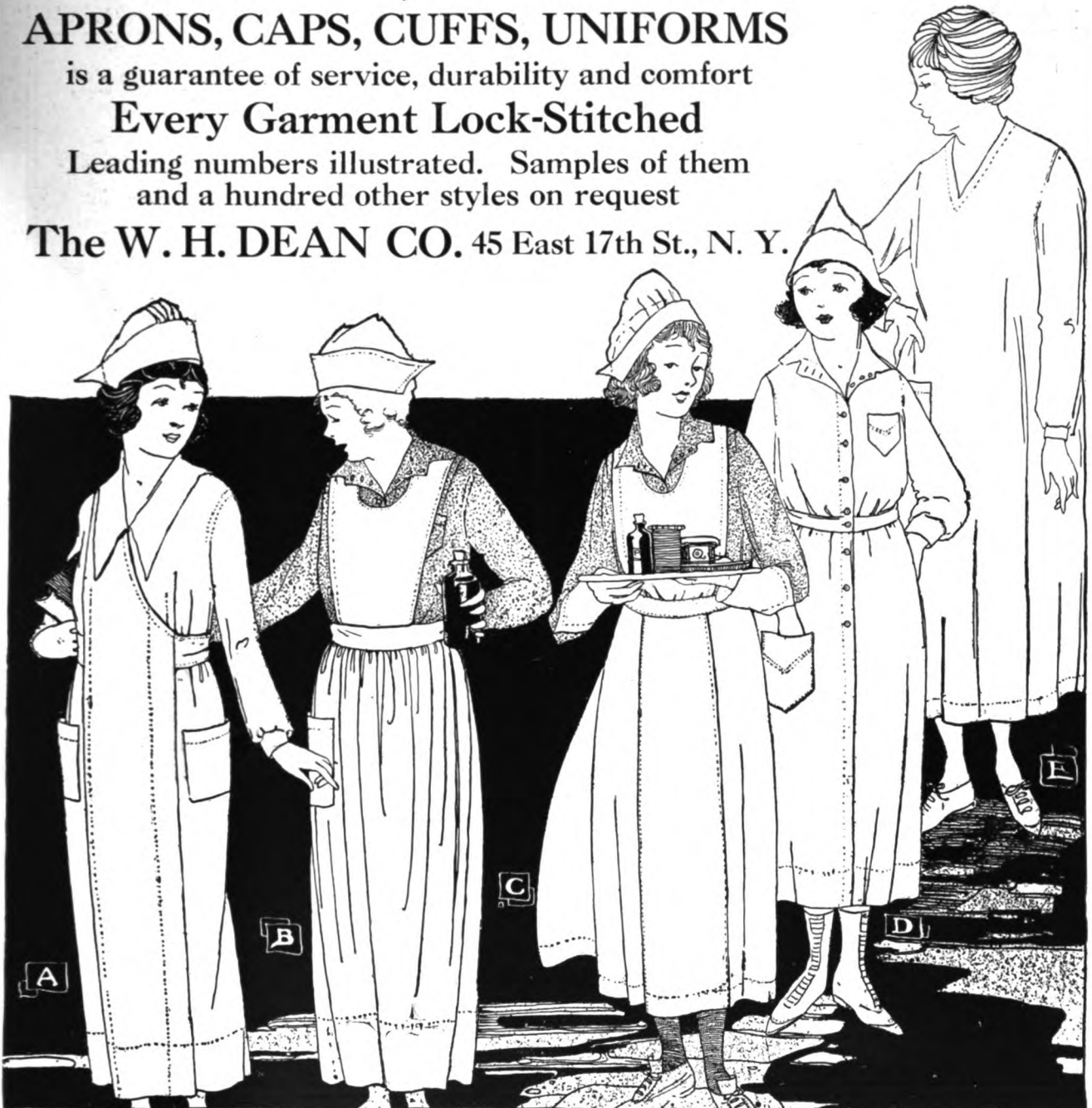


ILLUSTRATION A. No. 718—Conservation made from Fruit of the Loom, large pockets, two-button sleeves, sizes 38 and 42, belt adjustment. \$3.50 ea. or net per dozen \$33.50
No. 1216—Cap, made of Fruit of the Loom, 25c ea. or net per dozen \$2.25
Illustration B. No. B478—Apron, 72 inches wide, made from Fruit of the Loom, broad bib, large pocket, band sizes 26 to 36 with pearl buttons, \$2.50 ea. or net per dozen \$17.00
No. 2153—Same style as above without bib. \$1.50 ea. or net per dozen \$13.00
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No. 722—Uniform made from Amoskeag Blue or Grey Chambray, convertible collar, surgical four-button sleeve, two pockets, sizes 34 to 46, \$3.50 ea. or net per dozen \$36.00
Illustration C. No. B2165—Apron, made from Cambric, gored waist band, sizes 26 to 36, with buttons, with broad bib bound with white bias binding. \$1.75 ea. or net per dozen \$15.75
No. 295—Style as shown above without bib, \$1.25 ea. or net per dozen \$11.00
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No. 1290—Cuffs made of Pearl Cloth, hemstitched ends. 50c ea. or net per dozen \$4.25

Illustration D. No. 714—Uniform made from Indian Head, convertible collar, four-button surgical sleeves, two pockets, sizes 34 to 46. \$3.50 ea. or net per dozen \$30.00
No. 724—As above, made of Fruit of the Loom. \$3.50 ea. or net per dozen \$30.00
No. 1289—Cap made from Pearl Cloth, hemstitched. 40c ea. or net per dozen \$3.00
Illustration E. No. 707—Apron, made of Cambric "V" neck, long sleeves, with pocket, sizes 36, 38, 40 and 42, \$2.50 ea. or net per dozen \$19.50
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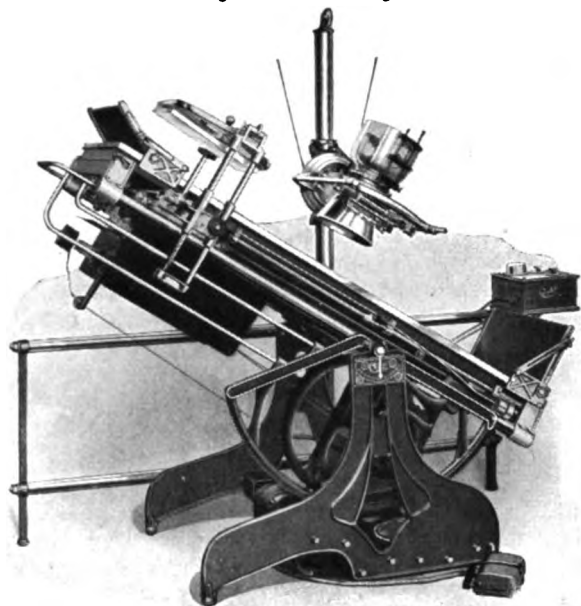
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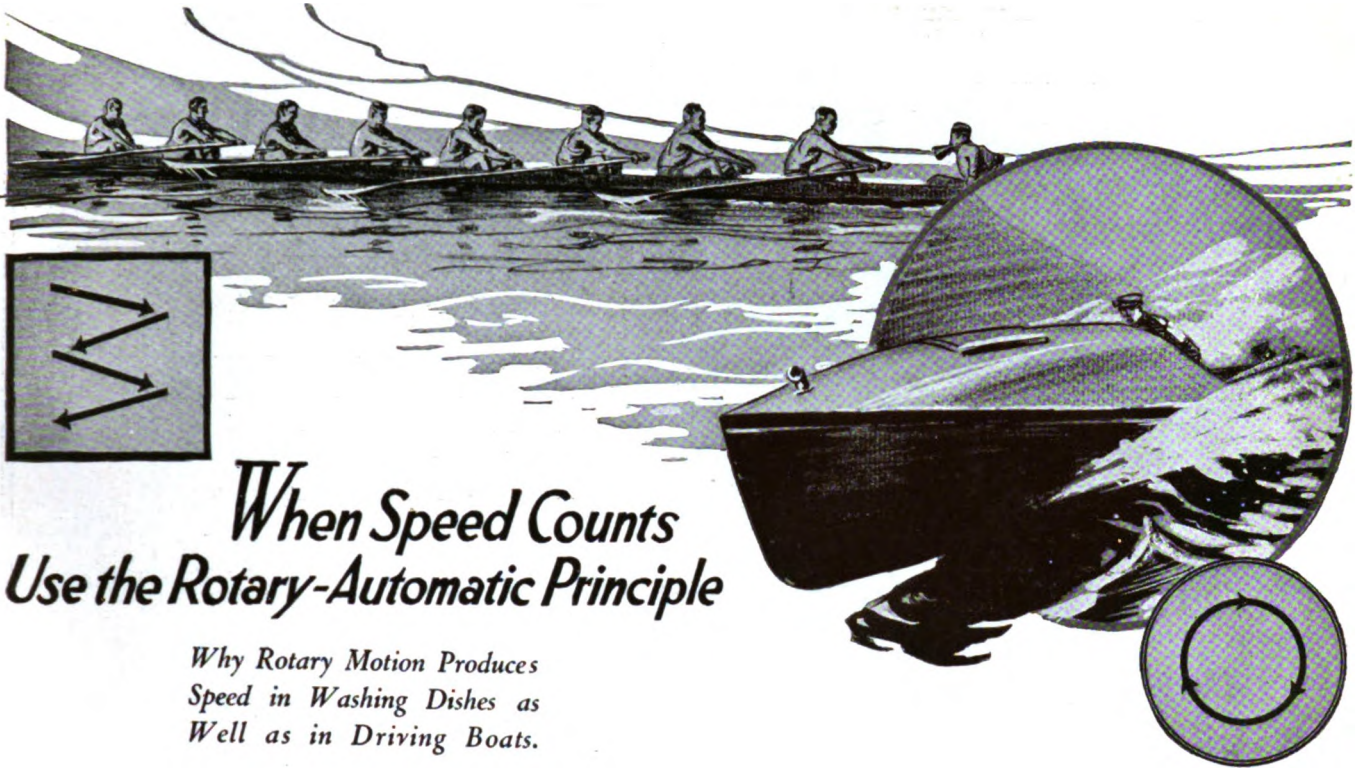
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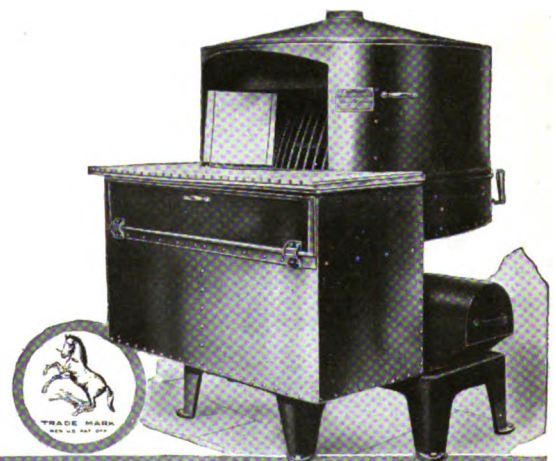
Contrast this with Autosan Model "B", which allows hospitals and institutions serving 1,000 persons per meal, the maximum efficiency through its rotary automatic method of washing tableware. Dishes are simply placed on the rotary conveyor with one hand, passing through washing, rinsing and steriliz-

ing sprays, thus circling the machine, and are taken from the Autosan by the same operator after completing the circle.

China is placed directly upon the conveyor, eliminating payroll wastage and reducing breakage to practically nothing.

Write for illustrated booklet KB-43, showing how Autosan eliminates nine useless motions, and names of our distributors in your territory.

COLT'S PATENT FIRE ARMS MFG. CO.
HARTFORD, CONN., U. S. A.



AUTOSAN

TRADE MARK REGISTERED U.S. PAT. OFFICE

DISH AND SILVER CLEANING MACHINE



The Hospital Portsmouth Needed

*The New
General Hospital
to be
Erected at
Portsmouth, N. H.*

Building fund raised in seven days.
Campaign organized in four weeks.
Total subscribed by public, \$150,421.
Population of Portsmouth, 14,000.

CAMPAIGN UNDER THE DIRECTION OF

WILL, FOLSOM AND SMITH

512 Fifth Avenue (at 43rd Street)

New York

How Portsmouth Realized Its Biggest Civic Achievement

WHAT OTHER TOWNS HAVE DONE, PORTSMOUTH CAN DO — AND MORE.

\$150,000. IN ONE WEEK FOR YOUR NEW HOSPITAL

It's Up To Every Citizen Whether The Hospital Goes Backward or Forges Ahead.

R. Clyde Harpston, Chairman Men's Division

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
W. A. 1	W. A. 2	W. A. 3	W. A. 4	W. A. 5	W. A. 6	W. A. 7	W. A. 8	W. A. 9	W. A. 10	W. A. 11	W. A. 12	W. A. 13	W. A. 14	W. A. 15	W. A. 16	W. A. 17	W. A. 18	W. A. 19	W. A. 20	W. A. 21	W. A. 22	W. A. 23	W. A. 24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

F. A. Belden, Chairman of Executive Committee

WOMAN'S DIVISION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
W. A. 1	W. A. 2	W. A. 3	W. A. 4	W. A. 5	W. A. 6	W. A. 7	W. A. 8	W. A. 9	W. A. 10	W. A. 11	W. A. 12	W. A. 13	W. A. 14	W. A. 15	W. A. 16	W. A. 17	W. A. 18	W. A. 19	W. A. 20	W. A. 21	W. A. 22	W. A. 23	W. A. 24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

W. B. Plaford, Chairman Women's Division

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
W. A. 1	W. A. 2	W. A. 3	W. A. 4	W. A. 5	W. A. 6	W. A. 7	W. A. 8	W. A. 9	W. A. 10	W. A. 11	W. A. 12	W. A. 13	W. A. 14	W. A. 15	W. A. 16	W. A. 17	W. A. 18	W. A. 19	W. A. 20	W. A. 21	W. A. 22	W. A. 23	W. A. 24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

Executive Town's Grant

EXECUTIVE TOWN'S GRANT

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W. A. 1	W. A. 2	W. A. 3	W. A. 4	W. A. 5	W. A. 6	W. A. 7	W. A. 8	W. A. 9	W. A. 10	W. A. 11	W. A. 12	W. A. 13	W. A. 14	W. A. 15	W. A. 16	W. A. 17	W. A. 18	W. A. 19	W. A. 20	W. A. 21	W. A. 22	W. A. 23	W. A. 24
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24



Clean and Bright Hospital Walls

The old-time barren cheerlessness of hospital walls is being replaced rapidly by tasteful decoration that radiates cheerfulness and cleanliness.

Are the walls of your hospital as attractive and cheerful as they might be?

Dutch Boy White Lead and Flatting Oil

An ideal paint for hospital walls. Gives a soft, restful finish—devoid of unpleasant glossiness. Walls painted with this Dutch Boy lead-and-oil paint can be washed as readily as tile—with soap, water and a cloth.

And such walls do not chip, peel or scale. Therefore the cost of upkeep is considerably less wherever this famous paint is used.

Our Decorative Department is at your service at all times. Write us about the paint needs of your hospital.

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Cleveland	Chicago	St. Louis	Buffalo
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ANNOUNCING!

The Second Great War MEDICAL and HOSPITAL List

Look Over These Representative Items From Medical & Hospital List No. 10

The complete list will show you full data on sizes and quantities, manufacturer, etc., of the following supplies. Send for the List No. 10.

Aprons, rubber.
Bags, Ice, rubber.
Bags, hot water & syringe.
Bandages—elastic, gauze, paper, gauze roller, muslin, and rubber (Martin).
Basins, rubber.
Basins, operating room.
Bedpans.
Beds, fracture, folding.
Blankets, rubber.
Blankets, white.
Boxes, tablet.
Boxes, ointment.
Boxes, fracture.
Ceraline.
Cotton, absorbent.
Cotton bats.
Crutches.
Cushions, rubber.
Eye shades.
First aid packets.
Individual dressing packets.
Jars, for dressings.
Litters.
Mortars and pestles.
Pails.
Pill tiles.
Pus basins.
Sheets, impervious cloth.
Sheets, cotton.
Scissors.
Shirts, cotton.
Shoes & slippers.
Spatulas.
Stoves, alcohol.
Syringes: ear, ulcer & fountain.
Tables: bedside, mess, instrument and operating.
Tourniquets & bandage, rubber.
Trays, instrument.
Webbing, O. D., 2.8 inches.

Hospitals & Clinics

Special consideration will be given the bids placed by hospitals, clinics and other public institutions.

A Million-Dollar Stock From Which To Fill Your Needs for the Coming Year

Medical & Hospital List No. 10 gives the keen judicious buyer a world of opportunity for obtaining quality equipment and supplies for the hospital or store at America's greatest source of supply. Those familiar with the other great WAR DEPARTMENT medical sales need no further introduction to know there are exceptional chances in this sale.

Bids must be received not later than June 21 at the office of the Surgeon General of the Army, Washington, D. C. Write today for the complete million-dollar list, make your selections, and place your orders early. You will find in the list a plentiful quantity from which to make your choice, with wide assortments in sizes, etc. The quality and workmanship will appeal to your professional judgment.

Call the attention of your purchasing agent to this great new sale—send for complete list.

Buying groups may be formed to facilitate purchase and shipment. Bids of such groups are to be submitted through a single representative bidder.

Send for Medical &

Surgeon General,

Surplus Property

Munitions Bldg.,

WAR DEPARTMENT

Send for Bulletin Listing All

Department Sale— HOSPITAL SUPPLIES No. 10

Surgeon General



U. S. ARMY

Conditions of Sale

All goods will be sold "as is," "where is" and under no circumstances will a refund or adjustment be made on account of supplies not coming up to the standard of expectation.

Bids must specify the item number, name of commodity, unit bid, quantity desired, and total bid for each commodity on which offer is made. No special form of bid is necessary. Bids may be made by letter or telegram.

A deposit of 10% in certified check or money order must accompany all proposals.

Checks are to be made payable to

SURGEON GENERAL, UNITED STATES ARMY.

All property must be removed within 30 days of notification of award and must be paid for in full before removal.

All awards are made subject to prior sale. The Government reserves the right to reject any or all bids, or any part thereof.

Inspection and Location

The commodities offered are located at various points throughout the United States, and many will be found conveniently near you. Send for the bulletin, which gives this data.

Inspection is invited. Obtain permits from the Medical Supply Officer at any of the following addresses:

New York.....	1st Ave. & 59th St., Brooklyn, N. Y.
Washington.....	21 M St., N. E.
Atlanta.....	Stewart Ave. & Glenn St.
Chicago.....	1819 West 39th St.
St. Louis.....	500 North 4th St.
San Francisco.....	The Presidio of San Francisco
San Antonio.....	South Medina St.

Hospital List No. 10

United States Army

Supply Section

Washington, D. C.



Sale by Informal Bid

submitted to

Surplus Property Section

Office of the Surgeon General,
Room 1060, Munitions Bldg.,
Washington, D. C.

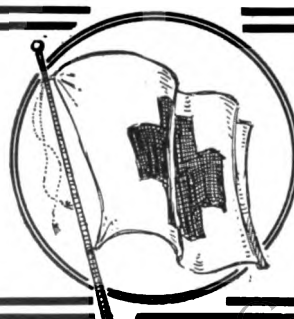
Bids close at 10 a. m.
Eastern Time,

June 21, 1921

See conditions of sale.

Surplus Property Sales

Items Offered in this Great Sale



*Padding and Covering for
Mangles Cut to Fit All
Machines.*

Knitting Padding
Wool Felt
Hair Felt
No. 12 Cotton Duck
Enamel Cloth
Special 96-inch Sheeting
Economy Sheeting
Special Covering
Asbestos Paper
Wash Room Dept.
88% Chip Soap
Soap Powder
Neutral Soda
Soda Ash
Caustic Soda, 10-pound Cans
O-Su-White Liquid Bleach
Chloride Lime—10-pound Cans

Blue
Flatwork Blue
Shirt and Collar Blue
Wet Wash Blue
Ball Blue

Baskets
Canvas Baskets
Canvas Trucks
Splint Baskets
Washroom Trucks
Rattan Baskets

Pins
Bank Pins
Safety Pins
Marking Pins

Buttons
Shirt Buttons
Bone Buttons
Underwear Buttons
Collar Buttons (Wood)
Pearl Buttons

Ink
Black Ind. Ink
Red Ind. Ink
Marking Machine Ink
Marking Pens Ink

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Handkerchief Nets
12x20 Nets
18x30 Nets
24x36 Nets

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Japan Wax
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Stain Remover
Reducco Cabinet
Complete set for all stains
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Complete Line in
Stock of all
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SPECIAL MONEY BACK OFFER!

Send us your open order. Let us
select the grades. Use as much as you
want and if not entirely satisfactory,
return and get your money back.

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It considers price. Costs are a big consideration. Because, combined with quality, they affect the overhead up or down.

How do hospitals buy? Sometimes, like corporations—with judgment and regard for economy—sometimes, **like some hospitals**, ill advisedly.

For instance, buying laundry supplies, locally because of desire to support home activities, when by ordering from the big supply house, money can be saved and standard products assured.

Try Economy Mercantile laundry supplies and test them for quality and price—in one case, none lower—quality, none higher.

Compare These Prices:

Order a 1 lb. can of Johnson's Economy Blue. Better than the average \$9.00 quality **\$4.50 per lb.**

Other values include:

88% Chip Soap	9c.
Marking Ink, per qt.....	\$4.00
Reducco Stain Remover, Cabinet—Removes all stains. Complete	\$9.00
Wash Room Trucks.....	\$40.00
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Splint Baskets, per doz. up.....	\$33.00

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F. W. JOHNSON, General Manager

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Restfulness in Hospital Floors—

VISITORS come and go—doctors and nurses make their rounds—yet no sharp clatter of footsteps arises to disturb the nerve-tried patients.

Quiet, and yielding comfortably to the tread—sanitary and remarkably easy to clean—made in two restful attractive colors, brown and green—*Gold-Seal Battleship Linoleum* has won the approval of hospital folk.

The oak-line durability of *Gold-Seal Battleship Linoleum*, its wonderfully low cost per year of service, as well as its restfulness, are qualities that appeal to the far-sighted, economical hospital executive.

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Be sure to look for this Gold Seal on the goods you buy. It is positive pledge of floor-covering satisfaction.



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Battleship Linoleum

(THE FAMOUS FARR & BAILEY BRAND)

Made According to U.S. Navy Standard

John Sexton and Co., Chicago
"Edelweiss" Food Products

Extend Their Heartiest Congratulations

to the

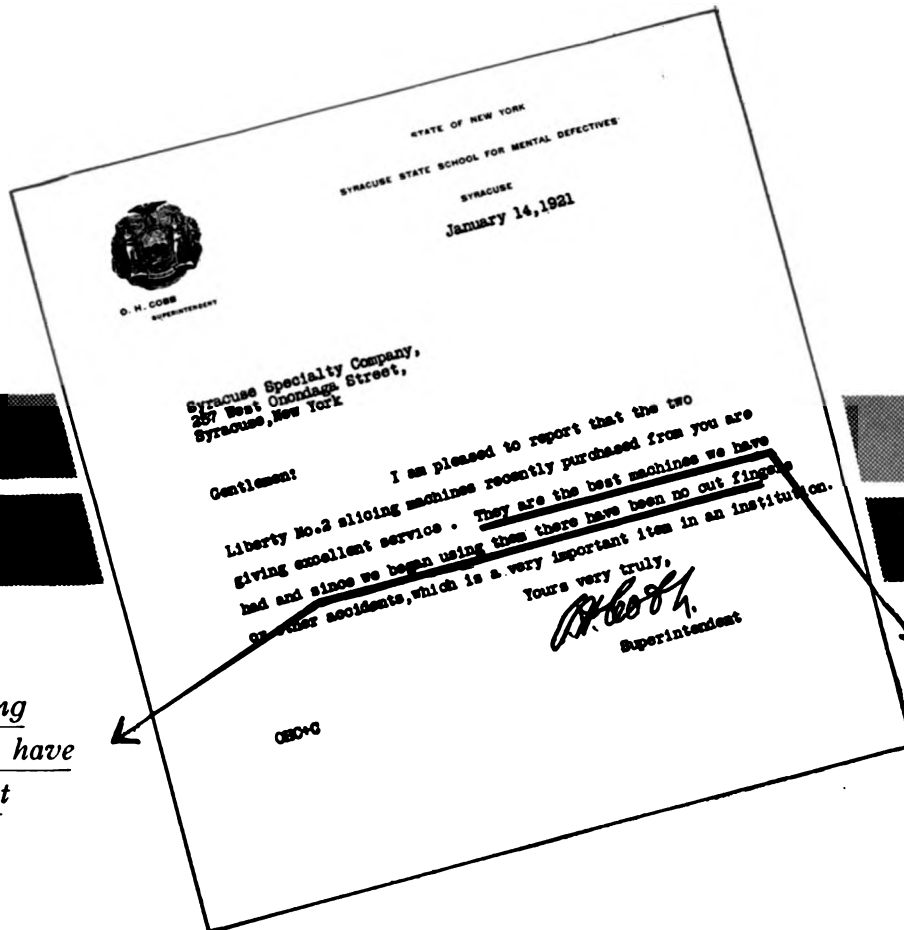
Hospitals of America

upon the Successful Observance

of

National Hospital Day

May 12, 1921



"Since using
them there have
been no cut
fingers"

"They are the
best machines
we have had"

Don't Waste a Crumb—

The Liberty Bread Slicer slices bread with an even thickness or thinness and not a crumb is wasted—nor does it matter what shape loaf it is—the LIBERTY will slice it. And the expense is not great. Don't take our word for it—ask any Liberty user.

*Wouldn't you like to know more about it?
Ask us. No obligation on your part.*

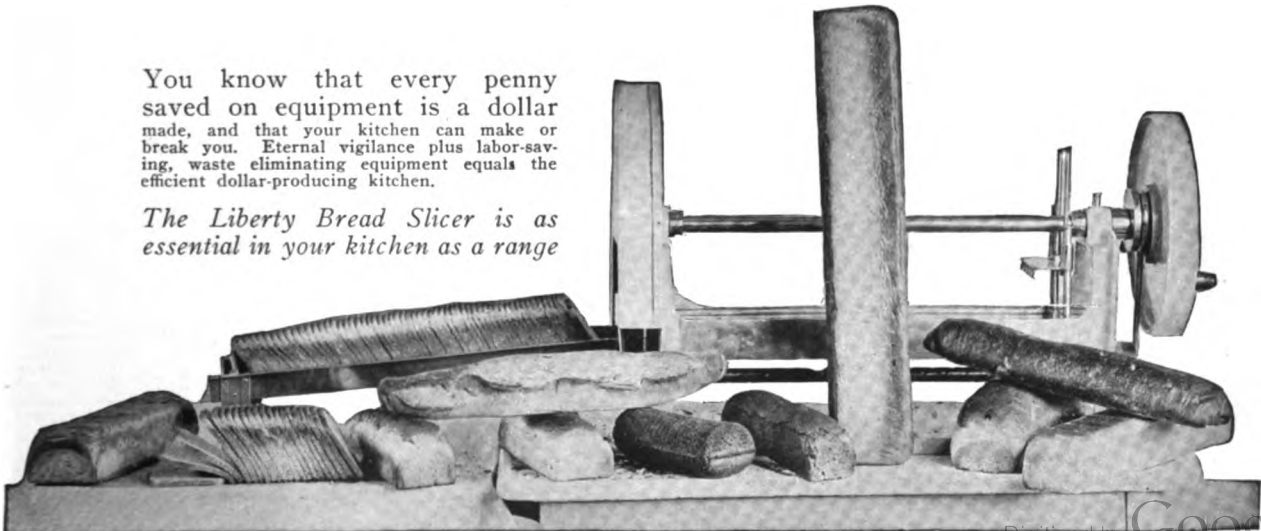
Liberty Bread Slicer, Inc.

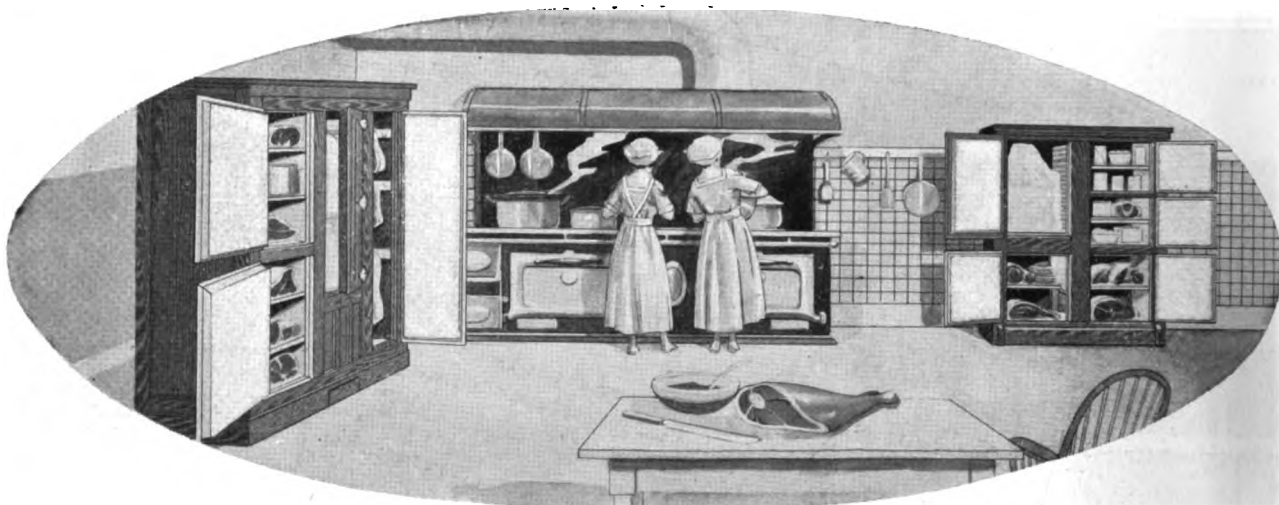
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You know that every penny saved on equipment is a dollar made, and that your kitchen can make or break you. Eternal vigilance plus labor-saving, waste eliminating equipment equals the efficient dollar-producing kitchen.

The Liberty Bread Slicer is as essential in your kitchen as a range





McCRAY

REFRIGERATORS *for* ALL PURPOSES

For more than a third of a century we have made a careful study of refrigerator requirements for hospitals and institutions. As a result we have the unqualified endorsement of leading hospitals and institutions throughout the country.

Built on the satisfied customer basis McCray Refrigerators combine quality and economy with long service. From start to finish McCrays are made to satisfy and endure—made so good that many hospitals and institutions have come to regard McCray as standard equipment.

Finest material is only one of the foundation stones of McCray quality. The uniform excellence of McCray Refrigerators is due quite as much to the painstaking care on the part of our workmen as to the selection of the material itself. It is this unvarying high standard that leads hospitals and institutions to accept the name McCray as a guarantee of unequalled refrigerator service.

The styles illustrated here are designed for hospitals and institutions but this is not our complete line. Get our catalog No. 53—it tells the whole story. We not only carry a large variety of refrigerators in stock for prompt shipment, but build them to order in any desired style or size for all purposes.

FREE PLANS—Send us a rough sketch indicating your refrigerator needs. Our Service Department will gladly furnish plans and suggestions for special built-to-order equipment. Please remember that any McCray can be arranged for either ice or mechanical refrigeration.

SEND FOR CATALOG—Our catalogs show many new designs for hospitals and institutions.

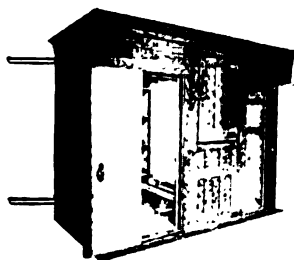
No. 53 for Hospitals and Institutions
No. 95 for Residences

No. 72 for Grocery Stores
No. 64 for Meat Markets

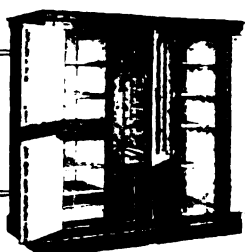
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Salerooms in All Principal Cities



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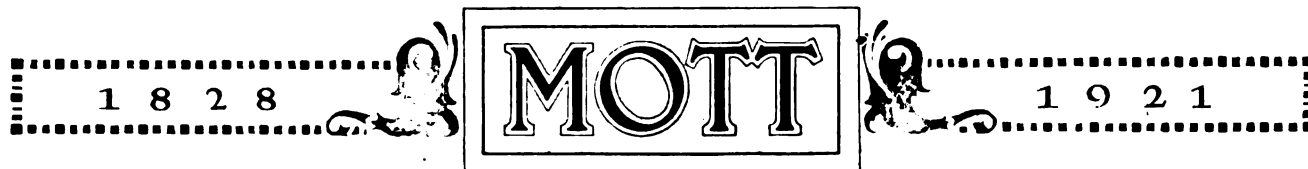
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Under the GREAT DOME

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*The BARBER SHOP*

THE buildings are famous for their architectural beauty and luxurious appointments and are equipped throughout with Mott plumbing and hydrotherapeutic apparatus.

IT is not surprising the American Hospital Association should have selected this garden spot for their Convention in September.

ANNOUNCEMENT will be made at a later date in regard to the interesting exhibit which Mott will have at this Convention.

*One of the MEN'S TOILET ROOMS*

THE J. L. MOTT IRON WORKS

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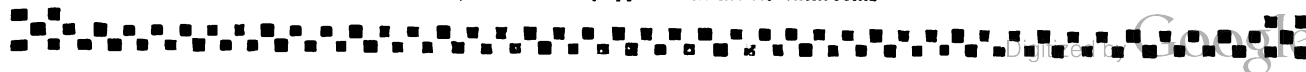
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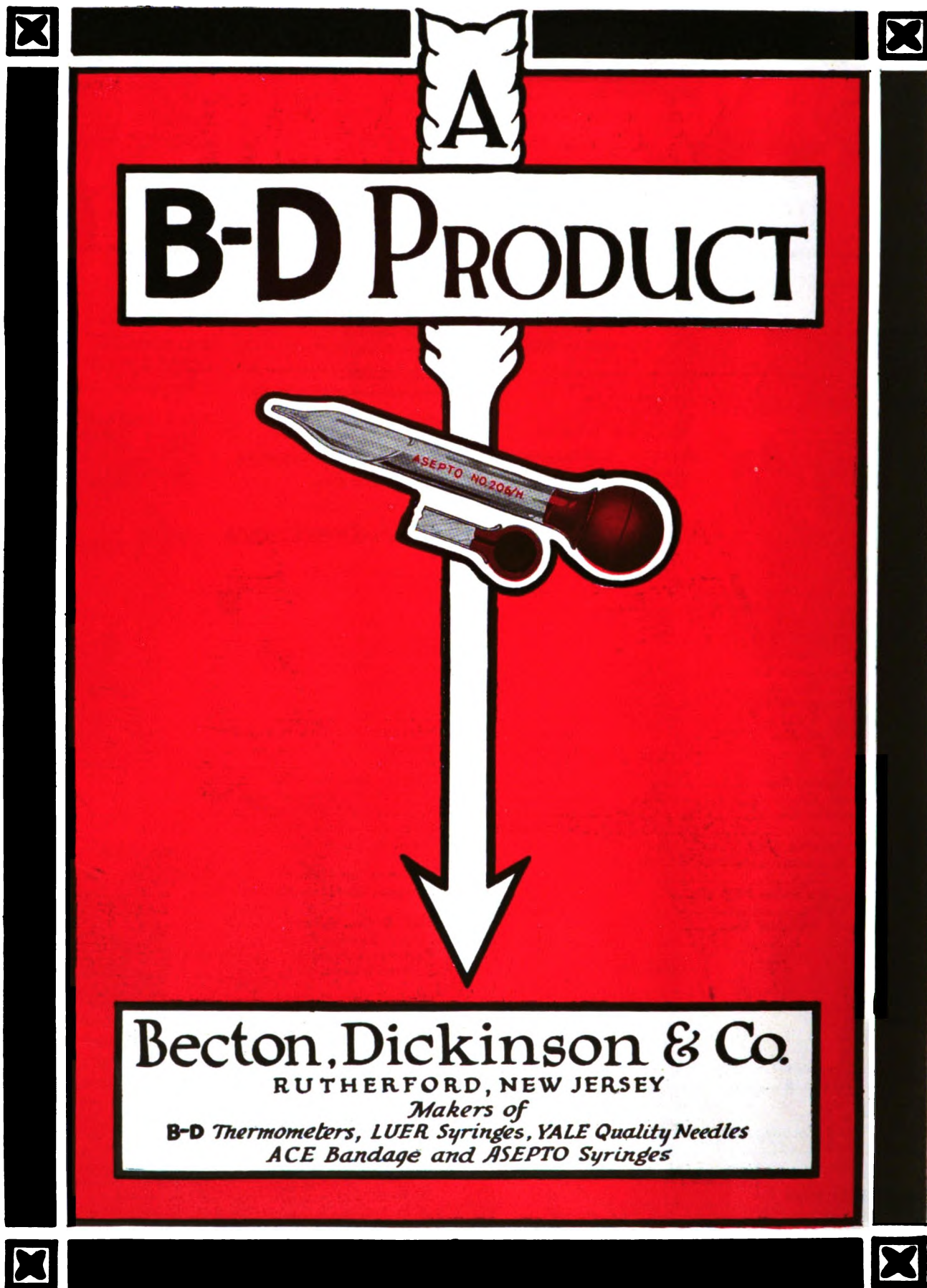
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Vol. XI, No. 5

May, 1921

HOSPITAL MANAGEMENT

537 S. Dearborn
Street,
Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Our Gift to the Hospitals



Hospital Day International Success

First General Movement to Educate Public Regarding Scope of Hospital Work Participated in All Over North America

By Matthew O. Foley, Managing Editor, "Hospital Management," and Executive Secretary, National Hospital Day Committee

First National Hospital Day, May 12, was an international success.

Reports from national and state committeemen and newspaper clippings from all parts of the United States and Canada indicate participation by hundreds of institutions in every state and Canadian province and by thousands of people of the communities served by the hospitals.

In spite of the fact that HOSPITAL MANAGEMENT originated this idea and presented it to the hospitals of North America less than two months before the date chosen as most suitable for the event, the majority of the hospitals arranged comprehensive programs and every institution that took part looks forward to a great deal of benefit from the day.

"Open house" featured practically every program, club women, wives of staff members and of hospital officers in most cases supplementing the nurses and superintendents as ushers and on reception committees. The number of hospitals that changed the date of the nurses' graduation exercises to make it conform to National Hospital Day was gratifying, while every hospital that operated a nurses' school included an inspection of this institution as an important part of the program.

Other high lights of the first National Hospital Day were:

Declaration of a holiday by the mayor and the shutting up of shops and business houses so that everyone could take part in the celebration.

Old fashioned basket picnic with speeches by governor and mayor.

Serving of refreshments.

Formal opening of new hospital.

Dedication of hospital.

Breaking of ground for nurses' home.

Serving of twenty-five cent lunches to all visitors at the hospital.

Distribution of National Hospital Day buttons and badges.

Inauguration of movement for a needed hospital.

Public meetings under auspices of all local hospitals.

Reception and exhibition of educational material to interest high school girls and college girls in hospital work.

Many hospitals issued engraved invitations to the National Hospital Day celebration; others distributed annual reports.

Distribution of interesting literature concerning hospital expenses and requirements.

Addresses by public officials and religious leaders.

Showing of moving pictures on hospital and nursing topics.

Playlets and patriotic songs by nurses.

Utilization of National Hospital Day as occasion to make townspeople acquainted with their new hospital.

Reception for personnel of hospital that served overseas, and unveiling of tablet in honor of other physicians and nurses who were in service.

Distribution of special booklets, such as children's record for pre-school period, etc.

Under the direction of the Minneapolis Hospital Council, of which Henry Hartig is president, twelve institutions observed National Hospital Day, including Abbott, Deaconess, Eitel, Hillcrest, Fairview, Fraternity, Northwestern, St. Andrew's, St. Barnabas, St. Mary's, Swedish and Asbury.

Society and club women, who acted as hostesses during the "open house" throughout the country, were particularly active in Chicago where Presbyterian, Mercy, St. Joseph's, Hahnemann, St. Mary of Nazareth, Misericordia Maternity Home, Illinois Masonic, Illinois General and other institutions were open to visitors. The Illinois General observance climaxed with a public meeting in the gold room of the Congress Hotel Thursday evening, while at Mercy Hospital a playlet was given in the evening in the hospital amphitheater and there also was a program by the nurses. At Presbyterian where there were about 500 visitors, tea was served and there was an address on the objects of National Hospital Day. Exhibitions of occupational therapy work, entertainment and athletic games were features at the U. S. Marine Hospital, while Public Health Service Hospital No. 30 also was visited by hundreds.

Dr. C. D. Selby served as chairman of the committee in charge of the Toledo program which was sponsored by the Toledo Hospital Council. St. Vincent's, Robinwood, Toledo, Flower, Mercy and Municipal Hospitals participated.

B. B. Sandidge, District of Columbia chairman and superintendent, Central Dispensary and Emergency Hospital, Washington, said that practically every hospital co-operated in the National Hospital Day observance which ended with a big meeting at the Central High School under the auspices of the hospitals and the League of Nursing Education and the American Red Cross.

Mr. Sandidge presided at various preliminary meetings at which were present representatives of Children's, Columbia, Emergency, Casualty, Foundlings, Garfield, George Washington, Georgetown University, Homeopathic, Providence, Tuberculosis, U. S. Public Health Service, and Washington Eye, Ear and Throat Hospitals, and the Woman's Clinic. It was agreed that all the hospitals should hold open house from 2 to 5, and should if convenient serve very light refreshments. Some hospitals were open all day, but stressed the 3 to 5 hours. Each hospital was asked to send an outline of its special program to the secretary of the committee for incorporation in newspaper publicity that was climaxed with a "spread" story in the Sunday papers.

The committee on publicity included: B. B. San-

didge, Emergency; Crittenden Marriott, Public Health Service; J. D. Mays, Garfield; Sister Berchmans, Providence; Sister Mary Illuminata, Georgetown; Mrs. Kipp Lewis, Tuberculosis; Miss G. F. Brown, Emergency; and a representative of Columbia.

In Los Angeles a feature of National Hospital Day was the holding of joint graduation exercises by the nurses' schools of the Angelus Hospital, the Clara Barton Hospital, the Los Angeles County Hospital and the Pacific Hospital at Trinity auditorium. Eighty-five nurses were graduated and prominent officials and citizens made addresses.

Nearly a score of hospitals in the Birmingham district and many others throughout Alabama observed National Hospital Day, according to Mrs. Birdie Golithly, superintendent, Birmingham Infirmary, and state chairman.

Flower Hospital, New York, of which David R. Reynolds is superintendent, featured the day with an "open house" under the auspices of the women's auxiliary, the Lafayette Guild, composed of prominent society women.

SOCIAL SERVICE DEPARTMENT ASSISTS

The social service department of Mount Sinai Hospital, Philadelphia, according to Dr. Albert S. Hyman, superintendent, took a prominent part in the reception and public inspection of the institution and nurses' home and supervised an exhibition of educational material for the benefit of high school and college girls.

The newly renovated nurses' home of the West Philadelphia General Homeopathic Hospital, Philadelphia, Pa., was thrown open as part of that institution's National Hospital Day program.

Katherine Appel, superintendent of Howard Hospital, Philadelphia, said that a feature of the observance at that institution was a reception in honor of nurses who served overseas.

Presbyterian Hospital, Philadelphia, according to Charles S. Pitcher, superintendent, distributed hundreds of National Hospital Day buttons in connection with its observance. Nurses and others who served as hostesses and ushers at St. Agnes Hospital, Philadelphia, were among the hospital people who wore special badges commemorating National Hospital Day.

Dr. B. A. Wilkes, superintendent, Missouri Baptist Sanitarium, St. Louis, was largely responsible for the distribution of National Hospital Day buttons throughout the country. He conceived the idea of such emblems and induced a St. Louis firm to manufacture them with the result that thousands were sent to hospitals in all parts of the country. At Missouri Baptist Sanitarium, in addition to "open house" and a reception, refreshments were served.

An all day "open house," from 10 to 12 and from 2 to 5 featured the observance at St. Luke's, Deaconess and Sacred Heart Hospitals, Spokane, while Edgecliff Hospital was open to visitors from 10 to 12 and from 2:30 to 3:30.

The celebration in Boston was participated in by all the government hospitals and generous publicity was given the day.

The Latter Day Saints' Hospital, Holy Cross, St. Mark's and Salt Lake County Hospitals joined hands in the Salt Lake program.

The Memorial Hospital, North Conway, N. H., utilized National Hospital Day as an official "get together" occasion for the citizens of the town. Miss Helen M. Cauery, superintendent, wrote that this institution had been opened but a short time and that

May 12 served to introduce the hospital and the town most effectively.

The Corona Hospital, Corona, Ala., devoted its receipts of National Hospital Day to a fund for paying for a county nurse who is badly needed, according to Dr. W. M. Cunningham.

Mrs. E. L. Gounod, superintendent, Memorial Hospital, Mt. Vernon, Mo., enlisted the aid of the Commercial Club in the work of arranging a public reception and meeting at the hospital with a view of arousing the community to a realization of its growing hospital needs.

Rebecca Sullivan, R. N., Good Samaritan Hospital, West Palm Beach, Fla., wrote that National Hospital Day served as an effective means of introducing this new institution to the town.

Dr. W. H. Stemm, former president of the Indiana State Medical Association, used National Hospital Day and the general interest aroused by the movement to bring to the attention of the people of North Vernon, Ind., and Jennings County the fact that the 15,000 residents of this section have no hospital facilities. As a result of this demonstration, plans for a county hospital are expected to be pushed.

Dr. G. S. Martin, superintendent, Riverside Hospital, Susanville, Calif., writes that as a result of National Hospital Day, a great deal of interest has been aroused throughout that community in this brand new institution.

Mrs. M. G. Kuebler, superintendent, Oklahoma Methodist Hospital, Guthrie, tells of a most successful program which was featured by the breaking of ground for a new \$50,000 nurses' school building. The mayor and other prominent citizens participated in an open air meeting in connection with the celebration.

"We are very enthusiastic about this movement," writes Agnes Gardner, superintendent, Dobbs Ferry Hospital, Dobbs Ferry, N. Y., "and feel it marks an epoch in the hospital and nursing world." Miss Gardner enlisted the ministers on the Sunday previous to National Hospital Day and also obtained publicity through newspapers. She distributed annual reports to give visitors an idea of the work Dobbs Ferry Hospital was doing.

NEWSPAPERS AND MERCHANTS HELP

Mrs. John F. D. Meighen, secretary, Naeve Hospital, Albert Lea, Minn., sends the following outline of the National Hospital Day program there: "(a) opening of the nurses' home for inspection by high school girls and serving of refreshments; (b) inspection of the hospital for two hours by the general public; (c) evening program at which diplomas were awarded the graduating class." Special effort was made to interest the public in the hospital, and the newspapers and merchants were enlisted in the publicity campaign.

Marguerite Brown, R. N., superintendent, Milwaukee Infants' Home, Milwaukee, Wis., with the consent of the board, changed the date of a proposed reception from June to National Hospital Day in order to benefit by the general interest in the day.

Dr. Alfred C. Carpenter, Milford, Conn., utilized May 12 to bring about a better acquaintance between the community and his new hospital.

The Greater Community Hospital, Creston, Ia., had an all day celebration in which the entire town and surrounding territory participated. A feature of the program at this institution in which Dr. F. E. Sampson of the National Hospital Day Committee is interested, was the distribution of a record book for the

pre-school period and the emphasizing of the service rendered by hospitals in promoting child welfare.

One of the outstanding features of National Hospital Day in New Hampshire was the formal opening of the Balch Hospital for Children at Manchester. Miss Ruth Lydia Crowell, a graduate of Massachusetts General Hospital, is superintendent of this institution.

Missouria F. Martin, R. N., superintendent of Abington Memorial Hospital, Abington, Pa., obtained the assistance of pupils of the high school in announcing the program for the day. Posters made by the pupils were placed in different parts of the town. Refreshments were served on the lawn. Local papers and ministers co-operated in the publicity work.

At the St. Louis, Mo., Mullanphy Hospital, National Hospital Day buttons were distributed to all who came to inspect the institution.

The Ann May Memorial Hospital at Spring Lake, N. J., was another institution that was formally opened and dedicated on National Hospital Day.

Dr. H. L. Erwin, Dalton, Ga., opened the Hamilton Memorial Hospital on May 12, choosing that as a most fitting occasion for the event.

A community celebration was part of the program at the North Shore Babies' Hospital, Salem, Mass. The showing of moving pictures outlining the work of the hospital was a feature.

L. M. Parkin, superintendent, Ferndale General Hospital, Ferndale, Calif., served ice cream and cake to all visitors. "Our community is one that likes to be fed," was the explanation.

Dr. Ira J. Clark, Fort Morgan, Colo., was another who planned to utilize National Hospital Day as an occasion for arousing interest in the town for the purpose of agitating a movement for a much needed hospital.

J. E. Haugen, St. Paul Hospital, Minnesota chairman, proved an expert "publicity man," not only in the Twin Cities, but throughout the state. The board of St. Paul Hospital co-operated with Mr. Haugen by authorizing the printing of notices regarding National Hospital Day which were sent to all the hospitals of the state.

The foregoing notes, of course, represent only flashes of the first National Hospital Day. Many of the hospitals and committeemen waited until after May 12 before submitting their reports to the executive secretary and when these come in they may show even more interesting details.

On other pages of this number of HOSPITAL MANAGEMENT will be found descriptions of other phases of National Hospital Day, including the activity of governors and other public men, the observance in Canadian hospitals, some details of state organization work, the celebration in various cities, and a brief account of the way the National Hospital Day message was spread throughout North America by the great news associations.

Many Letters of Approval

Dr. H. L. Smith, St. Joseph's Hospital, Nashua, reports that numerous letters of commendation and endorsement were received regarding National Hospital Day as he brought this movement to the attention of the hospitals of the state.

Dr. Dean Active Chairman

Dr. L. W. Dean, dean of the medical school of the University of Iowa, with the co-operation of Dr. Sampson, Creston, put over National Hospital Day in fine style in the Hawkeye State, according to early reports received by the National Hospital Day Committee.

Hospital Day in Rockford

Observance by Institutions is Typical of the Program in the Smaller Communities.

By S. G. Davidson, Superintendent, Rockford Hospital, Rockford, Ill.

[EDITOR'S NOTE: The accompanying description of how National Hospital Day was observed in Rockford, Ill., is typical of how the hospitals in the smaller communities in various parts of the United States and Canada participated in the general program.]

Rockford hospitals entered wholeheartedly into the observance of National Hospital Day.

Superintendents of the three institutions met on Monday, May 2, and decided that the wonderful advantages to be derived from such a celebration made it imperative that every effort should be put forth to make the most of this opportunity. The meeting was then called for Wednesday, May 4, which included the newly elected mayor, John Hallstrom, two members of the board of trustees, two members of the staff, and the superintendents, and superintendent of nurses of each of the three hospitals, together with reporters from each of the three newspapers.

There was appointed a publicity committee, consisting of L. H. Clark, Rockford Hospital, Sister Superior Benardo, St. Anthony Hospital, and J. R. Anderson, Swedish American Hospital, and the representatives of the newspapers.

There also was appointed a committee, consisting of Mrs. W. R. Fringer, Dr. H. F. Moore, and Dr. C. V. Nyman, for the purpose of showing films in the moving-picture houses and the placing of posters. P. A. Peterson, Mrs. John Keeler and Dr. H. W. Ackeman were appointed a committee to secure from the clergy their co-operation in bringing the matter to the attention of their congregations.

A great deal of newspaper publicity ensued, the movement gaining wide publicity. The Red Cross nursing film was shown at the Rockford College for women in the morning, at the high school in the afternoon, and three films on nursing were shown at the three leading picture houses in the evening. Nurses from each institution attended these houses in a body. The speakers on the hospitals and nursing were in attendance at the college, the high school, and the three moving-picture houses, showing the films.

A silver cup, properly inscribed, was offered as the prize for the best poster, which created a great deal of enthusiasm in the Art Guild, the Girl's College and the high school, and some excellent posters were secured.

On the preceding Sunday, the pastor in every church having been furnished with intimate detail regarding the operation of the hospitals, spoke at some length on this subject.

Each hospital held "open house." Nurses and members of the board conducted many visitors, both men and women, especially young women interested in training, through the hospital and the nurses' home, telling in detail the work of the institution, and when proper, pointing out its deficiencies and needs.

In all, Rockford hospitals feel that a very much closer contact has been secured with the public, and that the public is in a far better position intelligently to know and understand its hospitals. Another concrete result has been the beginning of a closer co-operation between the management of the three institutions, which will go forward toward making for their greater public good.

General Pershing Endorses Day

Brig. Gen. Sawyer, Governors and Others Urge People
to Avail Themselves of Opportunity to Visit Hospitals

GENERAL OF THE ARMIES

WASHINGTON

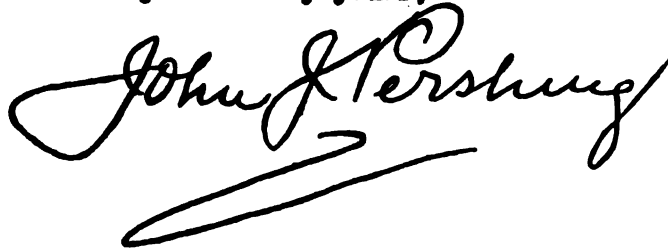
April 23, 1921

Mr. Matthew O. Foley,
Executive Secretary,
National Hospital Day Committee,
537 South Dearborn Street,
Chicago, Illinois.

My dear Mr. Foley:

I hope that many of our citizens will avail themselves of the opportunity on May 12th to visit the hospitals throughout the country and learn for themselves how the disabled veterans of the World War are being cared for. Much has been said regarding the hospital service offered these men; Congressional action of some sort concerning this service is expected shortly; and National Hospital Day is the time for the citizens, generally, to inform themselves as to the actual facts in the case, that they may intelligently support their representatives in Congress.

Very sincerely yours,



FAC SIMILE OF LETTER FROM GENERAL PERSHING

Following the endorsement of President Harding, Surgeon General Cumming, Brig. General Charles E. Sawyer and numerous governors, as announced in April HOSPITAL MANAGEMENT, the National Hospital Day Committee later received letters from General Pershing, other governors, religious leaders, mayors and others adding their endorsement to the movement.

Gen. Pershing scored a point in his note regarding the day by urging the people to take advantage of this opportunity and to visit the government hospitals and inform themselves as to the needs of the disabled veterans so that they could intelligently support their representatives in Congress in matters pertaining to the welfare of ex-service men.

Brig. Gen. Sawyer's letter, which was among the first received by the National Hospital Day Committee, read as follows:

"I am pleased to learn of the National Hospital Day enterprise. It is certainly a good thing to make such demonstrations as I am sure you have in mind, that the American people may have a better understanding of the great need of the American hospital and its great importance in the affairs of all of its people. There never was time when the hospital was more important to the welfare of the Nation than now, and anything that promotes the interests of the American hospital should and does receive the support and encouragement of the present administration.

"Allow me to suggest that one of the thoughts which should be emphasized in this matter at this time is the very best of service that can possibly be given under the most efficient and economical administration that can be developed. If this mes-

sage, among your other important messages, is properly conveyed to the American people, I am sure you will have the encouragement of President Harding. No one thing that you can emphasize will be more effective, more appreciated, than the best care and attention for the cure and treatment of the American soldier. Let it be the axiom of all that the American hospital is not a place for custodial care, but rather for scientific helpful treatment; that your purpose in the eight thousand hospitals is to be the purpose of devoting every energy and every force to the one vital principle of returning the soldier to a life of healthful usefulness. If your program will only convey these messages in the effective way it should, the hospitals will have created for themselves a new public impression, and the American people will have recorded for themselves a real agency actually worth the while.

"If in any way I can be of further service in promoting your hospital day, with these ideas under contemplation, feel free to call upon me. I shall take the liberty when the time presents of calling the President's personal attention to this matter, and I am sure you will have his best wishes and co-operation so far as within him lies.

"Sincerely yours,

"Charles E. Sawyer, Brig. Gen."

In view of the fact that Brig. Gen. Sawyer, President Harding's physician, was his representative before organizations attempting to co-ordinate the various agencies dealing with welfare and hospital service for war veterans, his letter was given widespread publicity by various news agencies shortly before May 12 and thus greatly stimulated interest in National Hospital Day.

Besides the national publicity and interest aroused by the endorsements of President Harding, Surgeon General Cumming of the U. S. Public Health Service, General Pershing, Brig. Gen. Sawyer and others, further impetus was given National Hospital Day by proclamations and statements issued by many governors, including those of Arizona, Colorado, Connecticut, Delaware, Florida, Idaho, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Utah, West Virginia and Wisconsin. Reports of this action on the part of these officials were forwarded to the National Hospital Day Committee early, and later reports from other sections are expected to add to this list.

Mayors all over the country also added their endorsement to National Hospital Day, while among the religious leaders who sent word of their interest in the movement were Dr. H. G. Stub, St. Paul, president of the Norwegian Lutheran Church of America, and Right Reverend Joseph Schrems, bishop of Toledo and an active leader in the National Catholic Welfare Council.

Program of Elyria Memorial Hospital

Anthony Tall, superintendent, Elyria, O., Memorial Hospital, included in that institution's National Hospital Day program the serving of refreshments on the spacious lawn, a children's pageant, and a public meeting. Churches, moving picture theaters and newspapers supported the hospital's plans and since the institution was but recently organized, material benefit is expected.

Folders Inform the Public

Many Attractive Pieces of Literature Distributed by Hospitals on National Hospital Day

Many of the hospitals that participated in National Hospital Day May 12 sent HOSPITAL MANAGEMENT copies of the literature distributed to visitors. This material ranged from large booklets, printed in two colors and tied with silk cords, to formal invitations to graduation exercises and pamphlets written especially for lay people describing various phases of hospital service, expense, etc.

One of the most attractive pieces of literature received was the handsome booklet, about 12 inches by 7, issued by Birmingham, Ala., Infirmary. This was printed on coated paper, with two large views of the buildings, in green, on the cover. The pages were bound together with a yellow silk cord. A general summary of hospital service throughout the country, an invitation to the graduation exercises, the program, and the annual report, with additional information concerning amount of foodstuffs, etc., required for the past year were included in the booklet, the final page of which was given over to a photograph of the staff, executive, nurses and employees.

Another interesting pamphlet was the three page folder from the Winnipeg General Hospital, sent by Dr. George F. Stephens, superintendent. This contained photographs and a chart showing how all the departments of the institution were organized primarily for the patient, while the body of the pamphlet was given over to a general description of the service of the institution, etc., written in on non-technical style.

"Items of Interest about Wheatland Hospital" was the title of an eight page booklet distributed by Wheatland Hospital, Wheatland, Wyo., which contained a well presented series of facts about this progressive hospital.

Other institutions whose literature was received were Winona General Hospital, Winona, Minn., Peoples Hospital, Akron, O., Hahnemann Hospital, Philadelphia, Lake View Hospital, Danville, Ill., Jewish Hospital, Cincinnati, and Meadville, Pa., City Hospital.

Surgeons Join the Movement

A number of Fellows of the American College of Surgeons took an active part in the first National Hospital Day. Dr. Harvey G. Mudd, Humboldt building, St. Louis, interested the St. Louis Chamber of Commerce in the observance and personally distributed a number of pieces of literature to hospitals. Dr. E. A. Rockey, Stevens building, Portland, Ore., took a leading part in the observance in Portland.

Hospitals Appoint Committees

Indicative of the extent to which plans for National Hospital Day were carried out in some sections is an announcement from Nashua, N. H., to the effect that the following committees were appointed by the hospitals to arrange programs, etc.: Memorial Hospital, Dr. F. E. Kittredge, H. L. Plather, William Sullivan; St. Joseph's Hospital, Dr. A. W. Petit, Dr. O. Maynard, Dr. H. L. Smith.

Committeeman in Every Town

"I appointed a local chairman in every town in Wyoming which has a hospital," writes Dr. Fred W. Phifer, Wheatland Hospital, Wyoming, chairman. The papers of Wyoming co-operated by publishing items about the programs, general publicity from Dr. Phifer and other notices and the hospitals themselves embraced the opportunity offered by National Hospital Day with eagerness.

Putting New Holiday in the Calendar

How National and State Committeemen Made National Hospital Day Take Its Place With Other Recognized "Days"

If a suggestion were made that the attention of the people of two countries could be focused on some phase of welfare service or other activity in less than two months and a recognized "day" established, such a suggestion would be treated with ridicule or worse.

And yet, in the latter part of March, the idea of a National Hospital Day for the purpose of making each community better acquainted with its hospitals was suggested by HOSPITAL MANAGEMENT, and on May 12, the first National Hospital Day was observed internationally.

Here are a few notes about how May 12 was established as an international "day" and about the men and women responsible for the success of the movement:

Dr. Lewis A. Sexton, Hartford Hospital, Hartford, national chairman, had much to do with the movement, not only in New England, but throughout the country. In addition to organizing the observance in Hartford and assisting the state chairmen of neighboring states, Dr. Sexton wrote for a newspaper syndicate that served papers in all parts of the country whose readers totaled more than 5,000,000.

"Everything went off in great shape throughout the state," Dr. Sexton wired. "Several hospitals had graduating exercises, some laid corner stones for new additions and all held open house and gave various kinds of demonstrations. We were run over with visitors including many prominent army and American Legion officers. There were orchestral concerts in all hospitals in Hartford."

Dr. George O'Hanlon, Bellevue Hospital, New York, directed the observance in New York City by calling meetings of hospitals, and the publicity obtained spread the National Hospital Day movement throughout New York state.

P. W. Behrens, Toledo Hospital, was one of the most active members of the national committee. He assisted Dr. Bachmeyer, Cincinnati General Hospital, in the organization of the Ohio state committee and also took a leading part in the splendid observance by the hospitals of Toledo under the direction of the Toledo Hospital Council.

Pliny O. Clark, Presbyterian Hospital, Denver, likewise assisted Dr. R. W. Corwin, Minnequa Hospital, Pueblo, in the Colorado celebration, and aroused interest in other parts of the West.

Asa S. Bacon, Presbyterian Hospital, and Miss Mary C. Wheeler, Illinois Training School, Chicago, members of the national committee, were instrumental in interesting various nursing, religious and other organizations, in addition to the hospitals.

An account of the work of Dr. M. T. MacEachern, Canadian representative on the national committee, is given elsewhere.

Dr. J. E. Sampson, Greater Community Hospital, Creston, Ia., had about a 100 per cent organization on behalf of National Hospital Day among Iowa associations affiliated with the hospital field and his local publicity probably surpassed that given any other institution that participated. Dr. Sampson also was instru-

mental in obtaining national publicity for the day through news services.

Dr. C. W. Munger, Columbia Hospital, Milwaukee, assisted in the organization of the observance throughout Wisconsin, as well as supervising the local program at Milwaukee.

Norman R. Martin, Los Angeles County Hospital, Los Angeles, developed an efficient hospital day committee in his section where the local observance was unusually fine, and assisted in arousing interest among other Pacific Coast hospitals.

One of the suggestions of the National Hospital Day Committee that added much to the success of the observance in many states was that relative to the appointment of committeemen at strategic points. Robert E. Neff, administrator, Robert W. Long Hospital, Indianapolis, Indiana, chairman, named the following committee which extended him most effective co-operation:

Robert E. Neff, state chairman.

Lemuel Bolles, national adjutant, American Legion, Indianapolis.

Amos W. Butler, secretary, board of state charities, Indianapolis.

Dr. W. L. Bryan, president, Indiana University, Bloomington.

Dr. Charles N. Combs, superintendent, Union Hospital, Terre Haute.

David E. Cox, president, board of trustees, Randolph County Hospital, Winchester.

Dr. W. H. Davidson, Walker Hospital, Evansville.

William Fortune, chairman, Indianapolis Chapter, American Red Cross.

Dr. Alfred Henry, president, board of control, Sunnyside Sanatorium, Indianapolis.

Dr. Edna G. Henry, director, social service department, Indiana University, Indianapolis.

Dr. John N. Hurty, secretary, state board of health, Indianapolis.

Will G. Irwin, Bartholomew County Hospital, Columbus.

Dr. George F. Keiper, St. Elizabeth's Hospital, Lafayette.

Hugh McK. Landon, vice-chairman, joint committee, James Whitcomb Riley Association and board of trustees, Indiana University, Indianapolis.

Miss Mary A. Meyers, president, Indiana State Nurses' Association, Indianapolis.

Dr. T. W. Moorhead, St. Anthony's Hospital, Terre Haute.

Dr. William McLake, medical director and superintendent, National Home for Disabled Volunteer Soldiers, Marion.

Walter E. Pittsford, governor, Rotary Clubs of Indiana, Indianapolis.

Dr. Miles F. Porter, St. Joseph's Hospital, Fort Wayne.

Joseph Reitemeier, chairman, advisory board, St. Joseph's Hospital, Logansport.

Mrs. E. C. Rumpler, president, Indiana State Federation of Clubs, Indianapolis.

Dr. David Ross, president, Indiana State Medical Association, Indianapolis.

John L. Rupe, president, board of trustees, Reid Memorial Hospital, Richmond.

B. M. Smith, superintendent, Muncie Home Hospital.

Mrs. Marcus R. Sultzer, King's Daughters' Hospital, Madison.

Dr. H. J. White, chairman, executive committee, St. Margaret's Hospital, Hammond.

Edith G. Willis, superintendent, Good Samaritan Hospital, Vincennes.

Dr. Charles S. Woods, superintendent, Methodist Episcopal Hospitals of Indiana, Indianapolis.

Dr. Fred S. Clinton, Oklahoma Hospital, Tulsa, chairman for Oklahoma, appointed the following committee:

Dr. J. W. Riley, Dr. A. L. Blesch, Oklahoma City; Dr. Claude Thompson, Muskogee; Dr. McLain Rogers, Clinton; Dr. A. S. Risser, Dr. Walter Hardy, Ardmore; Dr. J. Hutchings White, Dr. William Patton Fite, Muskogee, and Dr. T. M. Oderhold, El Reno.

The observance in Oklahoma reflected a great deal of credit on the state committee which used all means of publicity and developed unusual interest among the hospitals.

The Ohio committee, of which Dr. Bachmeyer was chairman, included Frank E. Chapman, Mt. Sinai Hospital, Cleveland; H. G. Yearrick, Akron City Hospital; Dr. E. R. Crew, Miami Valley Hospital; Dayton; C. A. Collin, Flower Hospital, Toledo, and C. B. Hildreth, St. Luke's Hospital, Cleveland.

Dr. H. L. Smith, St. Joseph's Hospital, New Hampshire, was another indefatigable worker whose efforts brought remarkable response from the people of the state on National Hospital Day. Dr. Smith's committee was composed of Dr. John M. Gile, Hanover; Robert E. Kingsbury, Keene; Dr. Arthur C. Heffenger, Portsmouth; Dr. Robert J. Graves, Concord; Dr. James B. Woodman, Franklin Falls, Dr. A. B. Harri-man, Laconia; Mae G. Thomas, Claremont Hospital, Claremont; Grace P. Haskell, Wentworth Hospital, Dover; Addie M. Moore, Goffstown, Hillsboro County; Edith G. Bennett, Littleton Hospital, Littleton; Mrs. Mae S. Morrison, Morrison Hospital, Whitefield; Nellie M. Banyea, Cottage Hospital, Woodsville; Dr. John G. W. Knowlton, Exeter; Dr. John Z. Shedd, North Conway; Dr. J. C. O'Connor, Manchester.

STRONG COMMITTEE IN MONTANA

The success of the day in Montana is exemplified by the membership in the state committee appointed by Dr. Donald Campbell, Butte Murray Hospital, Butte; Dr. O. M. Lanstrum, Helena; Dr. H. E. Houston, Kalispell; Dr. A. F. Longeway, Great Falls; Dr. A. L. Ward, Havre; Dr. M. D. Hoyt, Glasgow; Dr. E. G. Balsam, Billings; Dr. J. F. Blair, Bozeman; Dr. W. W. Andrus, Miles City; Dr. R. H. Beach, Glendive; Dr. G. M. Jennings, Missoula; Dr. F. F. Attix, Lewistown.

Dr. Louis H. Burlingham, Barnes Hospital, St. Louis, Missouri, chairman was assisted by the following committee:

Dr. Cleveland H. Shutt, Hospital Commissioner, St. Louis.

Dr. Josiah G. Moore, Mexico.

Dr. Charles R. Woodson, 315 N. 5th St., St. Joseph.

Dr. Robert M. James, Frisco Bldg., Joplin.

Dr. Geo. Bruce Simmon, Woodruff Bldg., Springfield.

Dr. Daniel H. Hope, 9 N. Main St., Cape Girardeau.

Dr. Victor Cadwell, Poplar Bluff.

Dr. Ezra C. Grim, Kirksville.

Dr. James P. McCann, Warrenburg.

Dr. William Miles Wallis, Jr., Maryville.

Dr. Edward H. Bounds, 524 Broadway, Hannibal.

Dr. Wilson J. Ferguson, Odd Fellows Bldg., Sedalia.

Dr. Godfrey Oldfield Cuppidge, 201 Reed Street, Moberly.

Dr. Paul Ashland Brickeley, Boonville.

Dr. David F. Manning, Marshall.

Dr. Stuart Lee Baysinger, Rolla.

Dr. Reuben Barney, Chillicothe.

Dr. Edgar A. Duffy, Trenton.

Dr. Guy L. Noyes, Exchange Bank Bldg., Columbia.

Dr. Rush E. Castelow, Christian Church Hospital, Kansas City.

Dr. William West, Monett.

ORGANIZATION IN WASHINGTON

The committee for Washington, headed by J. W. Anderson, Jr., superintendent, St. Luke's Hospital, Spokane, included representatives of Seattle General Hospital, Tacoma General Hospital, St. Luke's Hospital, Bellingham; Providence Hospital, Everett; St. Marie's Hospital, Walla Walla; St. Elizabeth's Hospital, North Yakima; Wenatchee General Hospital, and St. Ignatius Hospital, Colfax.

Miss Alice M. Gags, Norton Memorial Infirmary, Louisville, chairman for Kentucky, reported that hospitals throughout the Bluegrass state made every effort to make National Hospital Day a success. The co-operation of the boards and of the nursing associations had much to do with the results obtained. Posters and recruiting material were distributed by the nursing organizations and were of great assistance.

The hospitals of Wilmington and throughout Delaware were admirably co-ordinated by Townsend W. Miller, Delaware Hospital, state chairman, and the generous publicity obtained aroused much interest in the institutions.

Dr. Charles D. Smith, Maine General Hospital, Portland, reported that invitations to participate in National Hospital Day had been sent to every private, public and state institution in Maine and that practically every hospital had sent word that it would participate. Notices in advance of the day were printed in all the papers of the state, the publicity including letters of approval from the governor and the state board of charities and corrections.

An appeal by Dr. L. P. McCalla, St. Alphonsus Hospital, Boise, Idaho, state chairman, to the hospitals of the state to take part in National Hospital Day, was carried by a news service to all the cities and to surrounding states and resulted in wholesale participation. Through Dr. McCalla's efforts, Gov. Davis issued a proclamation to the people to join in the observance.

Durand W. Springer, University Homeopathic Hospital, Ann Arbor, Mich., chairman, in his capacity of secretary of the Michigan Hospital Association, sent a special notice to all the hospitals of the state relative to National Hospital Day. This outlined suggestions for a program and included the endorsement of President Harding and Governor Groesbeck.

Dr. R. G. Brodrick, Alameda County Hospital, San Leandro, Calif., as committeeman for California, interested public officials and organized a pretentious program at San Leandro which included talks by the director of the nurses' school of Alameda County Hospital before girls in neighboring high schools, inviting them to inspect the hospital and nurses' home.

Hospitals Hold Joint Observance

**Better Understanding Among Institutions of Various Cities
an Important Development of National Hospital Day**

One of the developments of National Hospital Day was the better understanding engendered among hospitals in cities and towns which co-operated with one another in a joint observance May 12. As a result of the preliminary meetings for the purpose of arranging the program, obtaining publicity, etc., the different executives and officers met each other and developed an acquaintance that is expected to result in untold good to each and all of the hospitals and the community as well.

Hospitals in practically every large city in the United States and many in Canada arranged joint programs that required several meetings for the appointment of committees, discussion, etc.

The more progressive institutions throughout the

attracted city-wide attention and National Hospital Day was firmly established.

Under the direction of Dr. E. F. Root, Holy Cross Hospital, Salt Lake City, and Dr. A. C. Callister, and Dr. A. J. Hosmer, local committeemen, special exercises were held in the colleges and high schools of Salt Lake City on May 11, while addresses were made at meetings of various clubs and associations to interest all classes in the programs of the Salt Lake hospitals.

In Lima, O., St. Rita's Hospital and the City Hospital joined hands in drawing up the program.

Mercy Hospital, St. Luke's and Davenport Hospitals co-operated at Davenport, Ia.

The Soldiers' Home Hospital, St. Elizabeth's and Lake View Hospitals, Danville, Ill., worked together in making National Hospital Day a success in that city.

A. R. Welch, chairman of the board of the City Hospital, St. Petersburg, directed the program at that institution. Mercy Hospital, for negroes, also held open house in St. Petersburg.

"The whole city of Prescott is backing us in making this day a great success," wrote Surgeon Robert H. Stanley, in charge of U. S. Public Health Service Hospital No. 50 at Whipple Barracks, Ariz.

One of the most unusual celebrations was that at Lake City, Fla., where a local holiday was proclaimed by the mayor and the entire town participated in an old-fashioned basket picnic on the grounds of the Public Health Service Hospital of which Surgeon A. P. Goff is commanding officer. Gov. Hardee and other public officials spoke, and music added to the enjoyment of the day. The Lake Shore Hospital, through Dr. R. B. Harkness, extended an invitation to the citizens to inspect its equipment and otherwise took part in the observance.

Miss Helen McLean, superintendent, Fraternal Hospital, Birmingham, acted as chairman of the county committee which assisted in the Birmingham observance.

Leaders in the celebration at Oklahoma City were Dr. A. L. Blesch, chief surgeon, Wesley Hospital, Dr. John W. Riley, St. Anthony's Hospital, and Dr. W. E. Dicken, Baptist Hospital, and Paul H. Fesler, superintendent, University Hospital.

S. M. Jackson, president, Tacoma General Hospital, was an active leader in the observance in the Washington city.

Community Chest Helps at Toledo

Toledo hospitals profited by an arrangement with the Toledo Community Chest whereby the latter organization supplied publicity in the form of a large series of newspaper advertisements calling attention to National Hospital Day and the various local programs.

Fast Work at Joplin

In sending in clippings from the newspapers of Joplin, Mo., Dr. Robert M. James, local National Hospital Day chairman, asserted that his organization had to work fast, but that the day "went big" because of efficient co-operation.

MAY 12th IS NATIONAL HOSPITAL DAY

**First National Movement to
bring to the Eyes of the Pub-
lic what Hospitals are doing
YOU ARE INVITED!**

**OPEN DAY FOR VISITORS
EXHIBIT OF HOSPITAL EQUIPMENT**

**Do you know that Eau Claire's
Hospitals now are among the
best in the country and are in
Class A of the American College
of Surgeons' Classification?**

**Come and see why. You
will find it interesting.**

**Sacred Heart Hospital
Luther Hospital
Mt. Washington Sanitorium**

A TYPICAL NEWSPAPER AD

country took the lead in the observance and although the time of preparation was short, they induced a vast number of other institutions to inaugurate National Hospital Day. In larger cities, as a rule, the celebration did not compare with the day in towns and smaller communities where in at least one instance May 12 was declared a holiday and business was stopped.

In many of the large cities, however, including New York, Chicago, Washington, Philadelphia, St. Louis, Minneapolis, St. Paul, Los Angeles, Salt Lake City, Indianapolis and Toledo, the general observance

Millions Told of Hospital Service

**Great News Associations and Metropolitan Newspapers
Carry Many References to National Hospital Day**

An important factor in the success of first National Hospital Day was the widespread publicity given the day and its objects through the Associated Press, the United Press Associations, the International News Service, Universal Service, the Newspaper Enterprise Association and similar organizations which serve the vast majority of the newspapers of North America.

It is estimated that at least 10,000,000 people read about National Hospital Day through the numerous references made to the movement by dispatches sent out by these organizations. This is an exceedingly low estimate, as may be seen from the fact that the Newspaper Enterprise Association, alone serves about 500 papers with circulations of 5,500,000, while a number of the great dailies of the country in New York, Chicago, Boston, Philadelphia, St. Louis, San Francisco and elsewhere have 500,000 or more readers. The hundreds of smaller newspapers, combined, are read by other millions of people.

The general news items, however, only served to strengthen the local announcements of the various chairmen, committeemen and hospital officials who obtained columns of space in their own papers describing plans and programs. Frequently, photographs of hospitals, public officials and others participating in the observance brought greater prominence to the National Hospital Day, while proclamations or statements from mayors, governors and others attracted further attention to the movement.

A significant feature of the first observance was the generous space devoted to National Hospital Day by editorial writers who frequently wrote the "lead" editorial about hospital service and urged the people to take advantage of the invitation to inspect the institutions and learn of their service. Among the widely read papers received by the National Hospital Day Committee that had editorials on the National Hospital Day movement were the *New York Times*, the *Detroit Free Press*, the *Philadelphia Public Ledger*, the *Indianapolis Star* and the *Brooklyn Standard Union*. Many other papers in smaller cities likewise commented on the movement and added editorial endorsement.

The *Toledo News Bee*, in addition to several splendid endorsements of the day, helped the publicity along with at least one front page cartoon on National Hospital Day. The *Advertiser-Gazette* and *Plain Dealer* of Creston, Ia., devoted many columns to the program of the greater Community Hospital and to news of National Hospital Day developments throughout the country. Numerous illustrations and editorials were other features of the publicity given the day by this paper.

Many of the state chairmen also assisted in spreading information of the day by statements to news associations in their cities that served papers in surrounding territory. The notices in the local papers in themselves were of vast assistance in arousing interest among hospitals and the public because of the widespread circulation of the dailies through their states and sections.

The trade press serving florists, confectioners and general merchants co-operated with the National Hospital Day Committee by publishing items suggesting the decoration of windows and an advertising effort to have the public buy appropriate gifts for patients on National Hospital Day.

The Board of Hospitals and Homes of the Methodist Church reproduced the National Hospital Day cartoon from March *HOSPITAL MANAGEMENT* in church publications circulating throughout the country and inserted a number of National Hospital Day notices in these magazines.

Baseball Observes May 12

**Thousands of Disabled Veterans Guests at
League Games on National Hospital Day**

A popular feature of National Hospital Day was the entertainment of thousands of disabled war veterans of the United States and Canada at league baseball games on May 12. A suggestion to this effect, made by *HOSPITAL MANAGEMENT*, to President Ban Johnson of the American League and to President John A. Heydler of the National League was sent along by President Johnson to the bigger minor leagues with the result that about a dozen organizations, including the International League and the Michigan-Ontario League, with parks in Canadian cities, participated.

At some parks several thousands of veterans were entertained. Music, flag raising and maneuvers by details of soldiers and sailors were other features of the day, and the grounds were decorated with flags and bunting.

According to letters received from the presidents of other leagues by Mr. Johnson, similar programs were followed in different parts of the country and in Canada.

Suggests Hospital Day Pageant

Sister Mary de Pazzi, superintendent, Mercy Hospital, Chicago, suggested the following pageant for a National Hospital Day observance:

PAGEANT

I—Leader—Florence Nightingale as "The Lady of the Lamp." Sisters of Religious Orders. Crusaders. Orders of Knights.

II—Uncle Sam and Columbia. Soldiers, Blue and Gray. (Scene—Memorial Statue by Bella Pratt).

III—Training Schools.

IV—Scientists, Lord Lister, Louis Pasteur, Semmelweis, Holmes, Koch; Simpson, Morton.

V—Nurses—One nurse from each department of the hospital. One nurse from each training school.

VI—Hospitals of 1921, X-Ray, Laboratories, Surgery, Auto Ambulance.

Business Men Interested

"We beg to inform you that we are planning to observe National Hospital Day and are entering into it with energy and zeal to make it a success in our city," writes W. W. Rawson, superintendent, Thomas D. Dee Memorial Hospital, Ogden, Utah. "The business men are taking very kindly to it."

"Hospital Day" in Canada

Early Reports Indicate Widespread Observance by Institutions Throughout the Dominion

According to reports from Dr. Malcolm T. MacEachern, Canadian representative of the National Hospital Day Committee, and others, the first National Hospital Day was generally observed throughout the Dominion by open house, receptions, public meetings, music and other features similar to the celebration in the United States.

Dr. MacEachern interested all the provincial secretaries in the day and urged them to take an active part in the celebration and the National Hospital Day Committee sent literature to all of the larger institutions.

The program at Vancouver General, as announced by Dr. MacEachern, was as follows:

"We made arrangements for a big time in Vancouver. Our hospital had 'open house' and the public was taken through the various departments where considerable statistics and information were given. Certain of the ladies of the city served refreshments.

"During the day one of the city's clubs lunched at the hospital, and on days preceding and following all the other clubs were invited to have luncheon at the hospital, hear something about it and take a trip through the buildings. The press of Vancouver, with possibly one hundred representatives, also had a complimentary luncheon at the hospital. The ministers, through the Ministerial Association, were invited to preach on the hospital the Sunday previous to National Hospital Day. The different theaters put on movies and slides.

"National Hospital Day was celebrated here in a tag day in Greater Vancouver for the Vancouver General Hospital. Many other features were introduced, such as distribution of pamphlets, etc. Our idea was to focus every possible attention on the institution during that day."

The Moosomin General Hospital, Moosomin, Sask., celebrated with a public meeting and a dance and served refreshments on the lawn in the afternoon, according to Dr. M. M. Seymour, provincial health commissioner, and National Hospital Day committee-man, who added, "This was only one of the many efforts to make National Hospital Day a success." Folders describing the work of the institution were distributed.

Among the B. C. hospitals that sent in early reports of their observance were the Penticton General, Penticton, and the Jubilee Hospital, Vernon.

Among the Canadian officials who assisted in the Dominion observance were the lieutenant governors of Quebec and British Columbia who issued statements of endorsement.

Indicative of the work of Dr. Wrinch, Hazelton, C. J. Decker, Toronto, and other provincial chairmen was the activity of Dr. Seymour in sending special notices to all the Saskatchewan hospitals, urging their participation.

National Associations Co-operate

The national nursing associations, through Miss R. Inde Albaugh, office director, 370 Seventh avenue, New York, and the American Red Cross, national headquarters, sent word of their desire to further the National Hospital Day movement in every possible way. Both organizations helped materially, the nurses by distributing posters and recruiting material and the Red Cross through its representatives in government hospitals, and through local chapters.

U. S. P. H. S. Observes Day

Entertainment for Veterans and Inspection of Institutional Features of Celebration in Government Institutions

National Hospital Day was observed by all the U. S. Public Health Service and government hospitals by stressing entertainment for the disabled war veterans and the inspection of the hospital facilities by the public. At many of the hospitals the ambulant patients were guests at league baseball games, through arrangements suggested by the National Hospital Day Committee, while at practically every institution there were music, athletic exhibitions and public gatherings.

In Boston, Maj. R. W. Brown, Parker Hill Hospital, Col. A. P. Chronquest, West Roxbury Hospital, Major E. K. Sprague, Marine Hospital, Chelsea, Capt. Ellison, Norfolk Hospital Public Health Service Hospital, Norfolk, were active in arranging the general program for the day and through their efforts all the other hospitals participating benefited through the publicity obtained and the stimulation of public interest.

An exhibition of occupational therapy work of the patients was another general feature of the government hospitals' program.

Indicative of the widespread observance by government institutions were early reports of celebrations at San Francisco, Cincinnati, Philadelphia, New York, Boston, Mobile, Baltimore, Minneapolis, Fort Stanton, N. M., Prescott, Ariz., and Chicago.

Add to the State Chairmen

The following state and provincial chairmen sent in their acceptances too late for inclusion in the April number of HOSPITAL MANAGEMENT, but took hold of the program in their sections in enthusiastic fashion and added much to the success of the first observance of National Hospital Day:

Arizona, Surgeon (R) R. H. Stanley, in charge, U. S. Public Health Service Hospital No. 50, Prescott.

British Columbia, Dr. H. C. Wrinch, superintendent, Hazelton Hospital, Hazelton.

California, Dr. R. G. Brodrick, general superintendent, Alameda County Hospital, San Leandro, and Assistant Surgeon General L. L. Williams, in charge, U. S. Marine Hospital No. 9, San Francisco.

Colorado, Dr. R. W. Corwin, Minnequa Hospital, Pueblo.

Idaho, Dr. L. P. McCalla, St. Alphonsus Hospital, Boise.

Maryland, Surgeon (R) Thomas P. Payne, in charge, U. S. Public Health Service Hospital No. 56, Fort McHenry, Baltimore.

Massachusetts, Surgeon (R) Rhoderic W. Browne, in charge, U. S. Public Health Service Hospital No. 36, Parker Hill, Boston.

Nebraska, Miss Blanche M. Fuller, superintendent, Methodist Hospital, Omaha.

New Mexico, Surgeon (R) Morris D. Cohen, in charge, U. S. Marine Hospital No. 9, Fort Stanton, N. M.

South Carolina, Senior Surgeon (R) James E. Dedman, in charge, U. S. Public Health Service Hospital No. 26, Greenville, S. C.

Accounting in Hospitals of England

Methods of Obtaining Records of Expenses and of Assigning Costs to the Proper Departments; Value of a Cost System

By Major J. W. Pearce, Corps of Military Accountants, Fellow of the Chartered Institute of Secretaries, Formerly General Superintendent and Secretary of Birmingham and Midland Eye Hospital, Birmingham, England

[EDITOR'S NOTE: In the first article of this series, published last month, the author explained the theory of hospital accounting, the "unit," etc. In this final article methods of allocating costs are discussed and instances pointed out where hospitals were seriously handicapped by failure to install a proper accounting system. This series is from a paper read before the Incorporated Association of Hospital Officers, London, and reprinted from *The Hospital Gazette*.]

I propose to exclude from consideration all rents, rates and taxes, and extraordinary expenditures, and apply myself solely to those items of expense which are common to all hospitals, whatever their type and whatever endorsements they may possess.

At present the charge of maintenance for provisions is the amount of purchases. Opening and ending stocks are disregarded. The first step towards true costings will be to ascertain stock in hand. Records will be kept of all receipts from contractors (or by gift), and of all issues, either direct to wards or to the kitchens. These records, which will be kept in the steward's stores, will show quantities only. The prices will be in the secretary's office. Issues to patients will be kept distinct from issues to the staff, while the former can be further dissected to show issues to individual wards. The taking of closing stocks becomes a simple matter, for, unless there has been any pilfering, the balance shown in your records will agree with the quantities on your shelves.

With domestic stores the procedure is not so simple, and calls for greater care and detail. It would be obviously unfair to charge wards with the gross cost of issues of furniture, bedding and linen, etc., for at no time, save on the opening of a brand new hospital, would all beds be equipped with stores of equal value. Even were that so, the wear and tear could never be uniform, for it would invariably be found that surgical wards expend more than do medical wards. The difficulty is not great, however, for personal experience can quite readily be drawn upon in order to arrive at a fair rate of depreciation, and this can be charged and the present method of debiting maintenance with the cost of replacement of depleted stores brought to an end.

Breakage of hardware, crockery, etc., can be ascertained with accuracy by means of breakage certificates signed by the head of each ward or department. To make a rule that no replacements would be made without the presentation of such a certificate would, I think, have an effect on the most care-

less members of a hospital staff, whether a costing system existed or not.

Issues of cleaning materials and chandlery can, with ease, be recorded, and no difficulties need be apprehended in regard to the proper distribution of expenses under this head.

To secure a proper record of consumption of fuel, light and water, and its allocations over departments, will present a certain amount of difficulty where central heating exists, and subsidiary light and water meters are lacking. But, at least, it is not a difficult matter to differentiate between consumption in wards and consumption in general quarters. In hospitals possessing little or no central heating, but using open fires, a record of issues of fuel is simple. Personally, I do not favor a flat rate of issue per cubic capacity of rooms, for it will probably be found that the issuable quantity will be burned, whether it is needed or not, and if such rates are charged against wards, the economical and careful sister is placed on the same footing as the careless one.

Where a complete system of central heating exists, and, as I have found at several large war hospitals, steam power is also used for generating electric current and supplying laundries and bakeries as well as heating wards and departments, and providing hot water, the problem becomes much more difficult. In such cases it is, undoubtedly, best to look upon the boiler house as a distinct department, charging that department with all labor and materials, repairs and depreciation of plant and machinery, building, etc., and to distribute the gross cost over the departments served. I would go so far as to include in the "boiler house" the circuit of pipes, etc., necessary to convey water and steam and bring into the boiler-house account the cost of renewals and repairs to pipes, for, obviously it is impossible to charge such items of expense against any individual ward or department. The basis of distribution of the gross cost can, it will be found, be fairly equitably settled on consultation with chief engineer, while the capital outlay involved in the erection and equipment of the boiler house can be used as the basis for fixing depreciation.

And in arriving at a charge against the departments concerned with the treatment of patients, you will have built up an account which will serve as a check on excessive outlay in the conduct of the

mechanical side of the hospital's equipment, and see for yourselves whether the heavy cost incurred in its installation is justified or not.

So far as light and water provided by company or corporation mains are concerned, I advocate very strongly the introduction of subsidiary meters in order to check consumption per ward or department.

ALLOCATING LAUNDRY COSTS

To allocate laundry costs where all washing is executed by contractors is an easy matter, for all that will be required will be a return from each ward of the quantity of foul linen sent to the wash. I would mention here that the amount to be charged in your cost accounts is the cost of washing the dirty linen sent, and not the amount of the bill for clean linen returned in any given period. At hospitals possessing their own laundries it will be necessary to prepare a cost account for that department, and to distribute its gross cost. The practice of dividing this gross cost by the number of articles washed, in order to arrive at the cost per article, should, if it still exists, cease, and a unit—say a blanket—be decided upon, and all other articles valued from that unit. Let me give you an example:—If a blanket be given the numerical value of 1, a sheet may be deemed .75, and a face towel .10. The actual unit values of the weekly wash can then be easily secured, and the laundry costs equitably distributed.

The cost of uniforms should be charged to the maintenance of staff and, with other items of expense incidental to hospital staffs, brought back ultimately as a charge against the wards and departments in which they serve.

To arrive at the actual outlay in medical and surgical stores also calls for a more detailed system of accounting than at present exists, and though it may not be an easy matter to arrange for a stock-taking on a given day, it is, nevertheless, a comparatively simple matter to organize a system of ward books whereby actual issues may be recorded at the time the issue takes place. Your present form of accounts gives five sub-heads, but for internal costings I would advocate a more detailed analysis in order that the consumption of lint, wool, gauze, bandages, anaesthetics, spirit, etc., may be ascertained. To obtain value for stock and other mixtures will call for a certain amount of clerical work by dispensing staffs, but as most hospitals have their own pharmacopoeia, and put up their mixtures, etc., in bottles and containers of a certain size, it will not be found a matter of much difficulty to assess the value of say, a Winchester of medicine whether the strength be 1 in 7 or 1 in 3, and that whatever dilution may take place on issue to a ward or a patient, the allocation of the gross cost can be made with ease. As you will be charging your cost account with daily consumption, the actual

debit to your annual maintenance will be available therefrom. A different procedure will be necessary in order to deal with instruments and appliances, but here a reasonable rate of depreciation can be used, and wards and departments charged with a sum based on the capital value of the total equipment therein.

All establishment expenses (insurance, repairs, and renewals to buildings, and garden upkeep) can be dealt with by distributing same on the basis of floor space occupied by wards, etc.

If a system of costs accounts such as I have endeavored to put before you were in operation, it would be found that an account of all expenses directly incurred in the maintaining of staffs has been obtained, and that it will be, therefore, a simple matter to convert your fifth head of expense (salaries, wages, etc.) into a complete maintenance account of staff. I would urge division into three main heads:—

Medical.

Nurses.

Others.

A unit of cost—per man or per nurse per day—can then be obtained, and the total cost distributed over the wards and departments.

Methods of dealing with general items of expense, such as printing and stationery, postage, etc., can be similar to those I have already outlined in regard to other heads. But I would urge strict supervision of all issues—whatever their nature—and real attempts to allocate to specific departments every penny of cost. The result will be complete and accurate accounts of the costs incurred in running your hospitals based on the patient treated per day. All artificial attempts to apportion costs between in-patients and out-patients will become unnecessary, for actual allocation will have been made.

NOT THE FINAL PURPOSE OF ACCOUNTS

But this is not the final purpose of your cost accounts, nor is it the end of the records I would recommend. Your records already provide you with the total number of patients who have passed through your hospitals. It would be a simple matter to keep records of the numbers who have passed through each ward or department; the aggregate days' stay; the total number treated to a conclusion (by wards), and their average stay.

All hospitals have separate wards set aside for cases requiring surgical treatment and those needing the services of the physician. In some cases separate members of hospital staffs have separate wards allotted to them. Has any effort ever been made to ascertain the variations in cost in wards of a like nature in an individual hospital and wards of a similar type in other hospitals? I helped in the introduction of ward costings at two of the largest military hospitals in England. The accounts were

framed to show medical wards, surgical wards, T. B. and heart case, etc. There was a marked variation under every head of expense. We also asked for, and secured, records of the number of patients in surgical wards marked down for operation each day, and the number of operations actually performed. You all know how easy it is for a patient's stay to be unduly prolonged, because the surgeon is too busy or the patient's preparation has not been satisfactorily done. Other records were kept of radiographs taken, pathological and bacteriological tests per ward, and the cases sent for massage or receiving massage in wards. All costs of subsidiary departments are capable, with proper costings, of distribution over the wards and other departments served.

COST OF SUBSIDIARY DEPARTMENT

This, I am sure, is recognized by every one connected with hospitals, but I have looked in vain in the published reports of hospitals for any account of the expenses incurred in running these most valuable subsidiary departments. Do superintendents know what actual annual outlay is involved in running, say, an electro-therapeutic department? They can only know if a cost system be in operation.

Now, it is possible for two wards or hospitals to show the same total cost per finished product—the cured patient—and yet the cost of successive stages may vary to a remarkable degree. And again, two wards may show identical costs per occupied bed per day, but for the average stay to vary considerably.

All these comparisons will be worth while. Every fluctuation can be converted into terms of quantity, kind, time, conditions of material, and other expenses.

But it is not sufficient to introduce and work a system of costing. The results—if you are to get the fullest benefit from your system—must be available promptly. They must be examined and analyzed promptly, and an attempt made to get to grips with the “key-factors” which have influenced the results. Further, and equally important, the results must not reach the executive heads of hospitals and stop there. They must be available to every member of the staff, from the senior surgeon or physician down to the porters and junior clerks, not necessarily in forms of account, but in easily understood charts or graphs.

I know of many instances in voluntary hospitals in which charts have been prepared showing the consumption of one commodity or another in the various wards, and have been assured by the secretaries concerned that the results have fully justified the procedure. Surely the extension of such a procedure and the inclusion of all items of cost will prove to be equally justified.

Will it pay?

This is a question which will certainly be asked. Will the cost involved in setting up a costing system be justified by the results we can hope to attain. To give a satisfactory answer to this requires, first, an answer to the question—“What do you mean by results?”

What is the ultimate purpose of all hospitals? I take it that your chief aim is to treat and cure as many patients as possible in a minimum time, in order that they may be enabled to resume the task of earning their living and supporting those dependent upon them. For every day spent in hospital by reason of injury or disease, the individual and the nation suffers definite loss. While in hospital the bread-winner is on the industrial scrap-heap, and therefore, in his interest and in the nations' interest, it is desirable that he should be able to take his place at the bench or in the factory with all possible speed.

For this to be secured, it will be necessary to provide greater accommodation than at present exists, and for hospitals to be in a position to avail themselves at a moment's notice of all the latest apparatus and other means of treatment. Under present conditions you can only obtain this increased accommodation and improved equipment by the generous aid of the charitably inclined. You cannot stand still, nor can you meet the present situation by lowering your standard of efficiency.

I do not claim that a cost system will be the key with which to open the purses of those who, in the past, have kept them closed against your appeals, but I do claim that a hospital which shows that it knows exactly how it stands from day to day, and in what direction it is expending its resources, can go with much greater confidence and sureness of success to those who ought to contribute, than it can if the only financial data it has to support its claims is based on an annual account which gives all-in costs, treatment and research intermingled.

SYSTEM BRINGS REAL SATISFACTION

But, apart from the advantageous position in which cost accounts will place you in your efforts to secure the support of the apathetic section of the public, you will reap for yourselves the very real satisfaction of knowing that the funds placed at your disposal have not only been expended to the best purpose, but that your method of accounts have enabled you to eliminate waste and to reveal excessive costs in different departments. You will be on the high road of efficiency combined with the strictest economy; and, all the time, the work of your hospitals will be going forward, aided in a very real measure by the good will and co-operation of all your staff.

Indiana Hospitals Form Association

Dr. George F. Keiper, Lafayette, First President of Lively Body; to Affiliate With American Hospital Association

Organization of the Indiana Hospital Association was accomplished in usual Hoosier fashion at Lafayette April 27 when more than 100 hospital executives and physicians and surgeons gathered at the invitation of the Lafayette Home Hospital and St. Elizabeth's Hospital, elected officers, discussed various hospital problems and chatted and dined, following the well planned program to the very slightest detail.

Dr. George F. Keiper of the staff of St. Elizabeth's and Lafayette Home Hospitals and an active worker in the organization of the association, was chosen first president, his associates being:



DR. GEORGE F. KEIPER
President, Indiana Hospital Association

First vice president, Miss Clara B. Pound, superintendent, Reid Memorial Hospital, Richmond.

Second vice president, Dr. W. O. Cross, Lutheran Hospital, Fort Wayne.

Secretary, Miss Anna Medendorp, superintendent, Lafayette Home Hospital, Lafayette.

Treasurer, Mrs. Ethel P. Clark, superintendent of nurses, R. W. Long Hospital, Indianapolis.

Directors, one year, Dr. A. M. Hayden, Hayden Hospital, Evansville; two years, Dr. C. S. Woods, superintendent, Methodist Hospitals of Indiana, Indianapolis; three years, Dr. H. A. Duemling, Lutheran Hospital, Fort Wayne; four years, Dr. Theodore B. Templin, Gary; five years, Dr. Charles N. Combs, superintendent, Union Hospital, Terre Haute.

The election of Dr. Keiper as president and of Miss Medendorp as secretary was a fitting tribute to the work of the pair in arranging the program and arousing interest in the association throughout

the state. Dr. R. B. Wetherill was vice-chairman of the Lafayette committee that initiated the movement, the other members including Dr. Arthur J. Bauer, Dr. R. M. Campbell, Dr. C. C. Driscoll and Dr. W. M. Reser.

Following the organization and the election of officers the Indiana association adopted a resolution applying for membership in the American Hospital Association as a geographical section.

After an invocation by Dr. Thomas E. Williams, Trinity Church, and addresses of welcome by Mayor George R. Durgan, Dr. D. C. McClelland, president of the Tippecanoe County Medical Association, and W. E. Stone, president of Purdue University, Dr. A. R. Warner, executive secretary, American Hospital Association, outlined the aims and growth of this national hospital organization, and explained how state associations were being affiliated as geographical sections.

Dr. James L. Smith, Chicago, representing the American College of Surgeons, followed with an outline of the program of standardization which is being developed with such success throughout the United States and Canada and explained the advantages of this program in increasing hospital efficiency.

The final address at the morning session was by Dr. Wetherill on standardization as it affected St. Elizabeth's Hospital. A feature of this paper, which is reproduced elsewhere, is an outline of the system of grading records which has brought about a much greater efficiency among the staff of the institution.

Following the adoption of a constitution and the election of officers in the afternoon, Charles Wheeler Nicol, a Lafayette architect, gave a short talk on the general subject of hospital construction and planning, explaining the fundamentals of this subject in an interesting way.

Dr. Woods then delivered a talk on professional efficiency in the hospital in which he emphasized the importance of the relation to the patient of every one connected with the institution. The speaker pointed out that interns were taken into the institution because they fitted into the scheme of hospital organization and had a definite place in the work of caring for a patient, as well as for the experience and knowledge they gained while in the institution. The relation of other executives, of the staff and others in the hospital were linked in like manner and the topic presented in such able fashion that Dr. Woods was given enthusiastic applause.

Prof. Mary L. Matthews, department of home economics, Purdue University, was the final speaker. Her subject was "Hospital Dietitians." A real dietitian, Miss Mathews began, is a most valuable person in a hospital, for there have been many cases where the health of nurses has been impaired and the recovery of patients delayed by the serving of improper food or an inadequate diet.

Hospitals for some time have recognized the value of the dietitian, she continued, and the quali-

fications of such an executive in the better class institutions must meet constantly improving standards. Miss Mathews stressed the rapidity with which the field of nutrition is growing and changing and emphasized the fact that the successful dietitian must keep in constant touch with the literature of dietetics.

Among the qualifications the speaker stressed as necessary for the right type of dietitian are a full course in home economics, "personality" and experience in hospital organization. Prof. Mattehews asserted that she believed that three or four months' work as a student dietitian would be enough to qualify the average home economics girl as an executive in the hospital, since such a person was thoroughly trained in foods and nutrition and needed only to learn the details of the institution's organization before being in a position to assume charge of the dietary department.

HAPPY DISPOSITION IS ASSET

The scarcity of dietitians for hospitals was attributed by the speaker to the low remuneration.

Prof. Matthews, in conclusion, emphasized the value of a happy disposition in a dietitian and suggested that attractiveness was another big asset. She again stressed the necessity of constant study to keep up with the subject and predicted the advent of the specialist in dietetics, just as there are specialists in medicine and surgery and in nursing. Her final advice was to give the dietitian an adequate salary and to rank her with any of the other executives of the hospital.

Following the formal program, Dr. Keiper called on Matthew O. Foley, managing editor of HOSPITAL MANAGEMENT, to say a few words about National Hospital Day in which movement, Dr. Keiper explained, hospitals throughout Indiana were to take a leading part.

Then the motion to apply for membership as a geographical section of the A. H. A. was carried and the first convention adjourned for an automobile trip through Lafayette, including a visit to St. Elizabeth's and Lafayette Home Hospitals and Purdue University campus.

100 PRESENT AT BANQUET

More than 100 guests were at the banquet at the Fowler Hotel in the evening. Dr. Keiper presided and the speakers included Dr. David Ross, Indianapolis, president of the Indiana State Medical Association; Dr. A. R. Warner, Chicago, secretary of the American Hospital Association; Mrs. John Morrison, Lafayette, representing Lafayette Hospital Association; Miss E. C. Kamerer, Cleveland, temporary director students' nurse recruiting; Dr. Adah McMahon, Lafayette, Indiana, state board of health; Dr. James L. Smith, American College of Surgeons; Miss Edna Humphrey, Crawfordsville, and Dr. A. E. Stern, Indianapolis.

The roster showed the following present at the meeting:

R. W. Duncan, Lafayette Home Hospital Board of Managers, Lafayette.

Harriett Jones, Superintendent Hospital, Bloomington.

Mary E. McDonald, R. N., Superintendent Elkhart Hospital, Elkhart.

Laura Fell White, Superintendent Goshen Hospital, Goshen.

Mrs. Alwight Hawks, Trustee Goshen Hospital, Goshen.

Miss Lillian Barlow, Superintendent Hospital, Lebanon.

Miss Ethel Steckel, Assistant Superintendent Hospital, Lebanon.

Dr. Harry L. Foreman, Superintendent City Hospital, Indianapolis.

W. W. Lane, President Lafayette Home Hospital Board of Managers, Lafayette.

Dr. U. Ewell, Ben Hur Sanitarium, Crawfordsville.

Rev. P. Alphonse, Chaplain St. Elizabeth Hospital, Lafayette.

D. M. Bottoms, Superintendent Fayette Memorial Hospital, Connersville.

H. G. Goodwine, Lafayette Home Hospital Board of Managers, Lafayette.

Miss L. L. Goeppinger, Superintendent of Nurses, Protestant Deaconess Hospital, Indianapolis.

Ida J. McCaslin, member board nurses examiners, Martinsville.

Dr. W. R. Moffitt, staff, St. Elizabeth Hospital, West Lafayette.

R. N. Campbell, staff St. Elizabeth Hospital and staff L. Home Hospital, Lafayette.

Dr. H. B. Westfall, Lafayette.

Dr. S. Pearlman, Lafayette.

Jennie C. Quimby, instructor of nurses, Home Hospital Lafayette.

Mae D. Currie, historian, Home Hospital, Lafayette.

Annabelle Peterson, assistant director, Red Cross Public Health Nursing, Indianapolis.

Ethel E. Hatfield, Tippecanoe County Nurse, Lafayette.

Mary Havens, R. N., Lafayette.

Ida Burkhardt, R. N., Lafayette.

Mrs. John M. Bixler, member board of managers, Lafayette Home Hospital, Lafayette.

Mrs. Louise L. Taylor, member board of managers, Lafayette Home Hospital, Lafayette.

Mabel Shutt, R. N., Bluffton.

Marion Nolan, R. N., supervisor, Wells County Hospital, Bluffton.

Dr. E. C. Davidson, Lafayette.

M. B. Morgan, member of board of managers, Lafayette Home Hospital, Lafayette.

Dr. Charles Hupe, Lafayette.

Dr. A. C. Arnett, Lafayette.

Myrtle E. Elkins, superintendent, Miami County Hospital, Peru.

Clara Wahlig, Peru.

Mattie Hemphill, superintendent, Rensselaer Hospital, Rensselaer.

Dr. C. S. Woods, superintendent, Methodist Hospitals of Indiana, Indianapolis.

Mae Billiard, R. N., Lafayette.

Dr. M. F. Steele, superintendent, Hope Methodist Hospital, Ft. Wayne.

Dr. A. E. Morgan, chief surgeon, Indiana State Soldiers Home, Lafayette.

Dr. W. H. Williams, surgeon in chief, the Williams Hospital, Lebanon.

Mrs. W. H. Williams, superintendent, the Williams Hospital, Lebanon.

Dr. Maurice I. Rosenthal, president staff, St. Joseph Hospital, Ft. Wayne.

(Continued on page 90)

Ohio Hospitals Meet in Cleveland

Annual Convention of Pioneer State Association
to Be Held May 16, 17 and 18; Nurses Gather Later.

Officers of the Ohio Hospital Association, pioneer state hospital organization, have completed plans for the annual convention which will be held at the Hotel Winton, Cleveland, May 16, 17 and 18. On the final day there will be a joint meeting with the nurses' association which will hold further sessions on the 19th and 20th.

With a most attractive program dealing with all the important phases of hospital service and a number of widely known superintendents down for papers, the attendance at the impending gathering promises to eclipse all former records, particularly as the exposition of hospital supplies and equipment, an important feature of conventions, will be in keeping with the program.

A feature of the first day will be a discussion of hospital records from the viewpoint of the small hospital by Dr. C. F. Holzer, Gallipolis, and from the viewpoint of the department of health by H. G. Southmayd, Columbus. The subject will be presented by Raymond F. Clapp, assistant director, Cleveland Welfare Federation. Judge Harold Stephens, director of the department of standardization of the American College of Surgeons, is on the program for a talk on the application of the minimum standard and the plans for the future regarding hospital standardization, while Dr. A. R. Warner, executive secretary, American Hospital Association, will speak on the development of the A. H. A. and the geographical sections.

The second morning will be devoted to a series of half hour round table conferences on hospital problems.

The business session is scheduled for Wednesday, May 18, preceding the joint meeting with the Ohio State Association of Graduate Nurses.

Officers of the Ohio Hospital Association are: President, P. W. Behrens, superintendent, Toledo Hospital, Toledo.

First Vice President, Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati.

Second Vice President, Miss Nellie A. Templeton, superintendent, Salem Hospital, Salem.

Treasurer, E. R. Crew, superintendent, Miami Valley Hospital, Dayton.

Executive Secretary, F. E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland.

The executive committee includes P. W. Behrens, Dr. A. C. Bachmeyer, C. B. Hildreth, Miss Mary Subray, Dr. W. H. F. Marting, Rev. M. F. Griffin, E. R. Crew and F. E. Chapman.

The program for the convention follows:

MONDAY, MAY 16

10:00 A. M.—Registration; meetings of committees; inspection of commercial exhibits.

2:00 P. M.—President's address, P. W. Behrens, Toledo Hospital, Toledo.

Report of Secretary, F. E. Chapman, Mount Sinai Hospital, Cleveland.

"What Does Proper Recording of Hospital Performance Mean, and What Are Its Benefits," Raymond F. Clapp, assistant director, Welfare Federation, Cleveland.

Discussion—"From the Small Hospital's View-

point," Dr. C. F. Holzer, Gallipolis; "From the Point of View of the Department of Health," H. G. Southmayd, Columbus.

8:00 P. M.—Paper, Mr. Creviston of the American Legion.

"The Application of the Minimum Standard and Plans for the Future," Judge Harold Stephens, Chicago.

"The Development of the American Hospital Association and the Geographical Sections," Dr. A. R. Warner, executive secretary.

TUESDAY, MAY 17

9:00-11:30 A. M.—Round Table on Administrative Problems.

9:00-9:30—Purchasing—Conducted by Guy J. Clark, Cleveland.

9:30-10:00—Housekeeping—Conducted by Miss Elsie Druggan, Mansfield.

10:00-10:30—Accounting and records—Conducted by C. B. Hildreth, Cleveland.

10:30-11:00—Mechanical and laundry—Conducted by Sister St. Simon, Toledo.

11:00-11:30—Dietary—Conducted by Miss Mary A. Jamieson, Columbus.

2:00 P. M.—"The Development of Hospital Social Service," Malvina Friedman, directress of social service, Mount Sinai Hospital, Cleveland.

"What is Real Hospital Service," Michael Davis, Jr., New York.

7:00 P. M.—Dinner—Some prominent speaker on an unrelated subject.

WEDNESDAY, MAY 18

Morning Session—New business; report of audit committee; report of resolution committee; report of committee on time and place; report of nominating committee; election of officers; adjournment.

10:00 A. M.—Joint meeting with Ohio State Association of Graduate Nurses.

"The Necessity for Correlated Effort in Hospital Administration," Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital.

Discussion—"From the Principal," Miss Grace E. Allison, Lakeside Hospital; "From the Superintendent," H. G. Yearick, City Hospital, Akron.

2 P. M.—Round table on correlated hospital and nursing problems.

2:00 to 3:00 P. M., Dr. E. R. Crew, Superintendent, Miami Valley Hospital, Dayton.

3:00 to 4:00 P. M., Miss Daisy Kingston, City Hospital, Fremont.

OHIO STATE ASSOCIATION OF GRADUATE NURSES
Wednesday—Joint session with Ohio Hospital Association.

7:45 P. M.—Meeting, board of trustees, Ohio State Association of Graduate Nurses.

8:45 P. M.—Advisory council, Ohio State Association of Graduate Nurses.

THURSDAY, MAY 19

8 A. M.—Registration; 8:30 A. M., Executive Committee, League of Nursing Education; 9 A. M., Business Session, State Association; 11 A. M., Business Session, League of Nursing Education; 12 M., Registration.

1:30-3:30 P. M.—Private Duty Section.

Paper—"Private Duty Nursing from a Layman's Point of View."

Paper—"Private Duty Nursing from a Physician's Point of View."

Discussion.

3:30 P. M.—Tea at the nursing center followed by an automobile ride.

8:15 P. M.—General Session. Music by Nurses' Chorus.

Address of Welcome, Mrs. John H. Lowman, Cleveland, Ohio.

Response—Laura E. Logan, R. N., president, Ohio State Association of Graduate Nurses.

Response—Claribel A. Wheeler, R. N., president, Ohio State League of Nursing Education.

Paper—"Relation of the Nurse to the Public," James E. Cutler, dean of school of applied social sciences, Western Reserve University.

FRIDAY, MAY 20

8 to 9 A. M.—Round table, instructors in home hygiene, conducted by Jean Anderson, R. N., director, bureau of instruction, Lake Division, American Red Cross.

9 A. M.—League of Nursing Education.

Paper—"Health and Recreation of Student Nurses," Lillian Hanford, R. N., principal, Miami Valley Hospital School for Nurses, Dayton, Ohio.

Discussion—Laura Grant, R. N., principal Cleveland City Hospital School for Nurses.

Paper—"State Board Examinations," Ida May Hickox, chief nurse examiner, Ohio.

Discussion—June Ramsey, R. N., assistant principal, Lakeside Hospital School for Nurses, Cleveland.

Paper—"Factors Which Determine the Equivalent to a High School Education," Mrs. Norma Selbert, R. N., assistant professor of public health nursing, Ohio State University.

Discussion—Melisse Wittler, R. N., superintendent of nurses, St. Luke's Hospital, School for Nurses, Cleveland.

1:30—Public Health Section.

1:30-3:30—Round Table. School Nursing in Urban and Rural Districts, Ethel Osborn, R. N., superintendent of school nurses, Cleveland; Alice Squire, R. N., Red Cross public health nurse, Lucas County.

1:30-3:30—Round Table, Industrial Nursing, Caroline Hilliard, R. N., superintendent of nurses, Goodrich Tire and Rubber Co., Akron, Ohio.

3:30—Closing Business Session, State Association; 4:30, Closing Business Session, League of Nursing Education.

8:15—Public Health Section.

8:15-9:15—Round Table, Nutritional Classes for School Nurses, Vivian Reamer, B. Sc., household educator, Toledo district association.

9:30-10:30—Round Table, Tuberculosis Nursing, Cora M. Templeton, R. N., director of nurses, department of health, Cleveland; Cora Schmees, R. N., public health nurse, Hamilton County.

Nurses' Schools in Government Hospitals

Owing to the great demand for nurses throughout the country and especially in Government hospitals, the U. S. Public Health Service has decided to open training schools in such of its hospitals as may be fitted for the work. As a beginning schools will be opened in the hospital at Fox Hills, Staten Island, New York, because of its nearness to New York City, and at Fort McHenry, near Baltimore, because the physical conditions and the personnel are all unusually well adapted to the work. Schools will be opened in other hospitals as conditions permit.

Michigan Meeting in June

Ann Arbor is Scene of Next Convention of Institutions of the Wolverine State

Plans for the fourth meeting of the Michigan Hospital Association were announced in a recent bulletin issued by Durand W. Springer, superintendent, University Homeopathic Hospital, Ann Arbor, and secretary of the association.

The gathering is to be held in Ann Arbor on June 7 and 8, and while the program had not been completed, the officers predicted that it would be of unusual merit and embrace papers and discussions on important questions by capable executives.

The bulletin announcing the meeting included the following items:

The Michigan Hospital Association calls your attention to the following items:

One. Attached hereto is a statement concerning National Hospital Day, May the twelfth. Please observe the same.

Two. It reports that the nursing bill which was endorsed jointly by the State Nurses' Association and the Michigan Hospital Association passed the Legislature with a few amendments which it seemed advisable to make as the discussion in the Legislature progressed. We believe that this means an advanced step for the nursing profession.

Three. The trustees of the association were active in hearings held on the Closed Hospital Bill introduced in the Legislature but which did not get past the committee.

Four. We had introduced our protective bill in the Senate this week before the Closed Hospital Bill was introduced and it had not gotten out of the Public Health Committee before the Closed Hospital Bill was referred to it. One bill was introduced by us and the other bill was opposed by us and your Legislative Committee felt that it was wiser to keep both bills in the committee than to make a fight to have our bill ordered out and, perhaps, have the other one come with it.

Five. The next meeting of the Michigan Hospital Association will be held in Ann Arbor, June seventh and eighth. Programs will be sent you in advance of the same, but you should immediately place these dates on your calendar as representing an important engagement. If any desire to have rooms reserved for them they should notify the secretary of the association and he will take care of the matter and report.

Officers of the Michigan Association are:

President, Dr. Christopher G. Parnall, University Hospital, Ann Arbor.

Vice-presidents, Miss Anna M. Schill, Hurley Hospital, Flint; Dr. A. R. Hackett, Delray Industrial Hospital, Detroit; Miss Grace D. McElderry, Hackley Hospital, Muskegon.

Secretary, Durand W. Springer, University Homeopathic Hospital, Ann Arbor.

Treasurer, Dr. Herman Ostrander, State Hospital, Kalamazoo.

Trustees: Father Michael P. Bourke, St. Joseph's Sanitarium, Ann Arbor; Mrs. Edmond Booth, Butterworth Hospital, Grand Rapids; Dr. Stewart Hamilton, Harper Hospital, Detroit; Mrs. Dudley Waters, Blodgett Hospital, Grand Rapids; Dr. Warren L. Babcock, Grace Hospital, Detroit; Mrs. Harry B. Joy, Woman's Hospital, Detroit.

Wisconsin Hospitals Discuss Problems

Interesting Program Is Outlined for Annual Gathering
at Milwaukee, May 25 and 26; Dr. W. J. Mayo to Speak

The Wisconsin Hospital Association will hold its annual meeting at the Auditorium, Milwaukee, May 25 and 26, with a most interesting program arranged for the two-day session. A special feature will be a banquet at the Hotel Pfister the first evening at which the principal speaker will be Dr. William J. Mayo of the Mayo Clinic, Rochester, Minn.

Among the questions to be discussed at the convention are training schools, financial management, hospital architecture, occupational therapy, out-patient department, records, dietetics. The round table will be conducted by Asa S. Bacon, superintendent of Presbyterian Hospital, Chicago.

The Wisconsin League of Nursing Education will hold its annual meeting on May 27, following the hospital convention.

The officers of the Wisconsin Association are:

President, Rev. Herman L. Fritschel, director, Milwaukee Hospital, Milwaukee.

First Vice-president, H. K. Thurston, Madison.

Second Vice-president, Miss Johanna Mutschmann, La Crosse.

Executive Secretary and Treasurer, Dr. C. W. Munger, superintendent, Columbia Hospital, Milwaukee.

Board of Trustees: Rev. H. L. Fritschel, Milwaukee; Miss Amalia Olsen, R. N., Eau Claire; Edward Freschl, Milwaukee; Dr. J. J. Bellin, Green Bay; Dr. Sidney M. Smith, Milwaukee; Dr. J. W. Coon, Stevens Point; Dr. C. W. Munger, Milwaukee.

The program follows:

Wednesday, May 25th, 9:00 A. M., Walker Hall.

Invocation; Address of Welcome; President's Address; Report of Executive Secretary and Treasurer; Unfinished Business.

"Problems of the Training School"—Miss Sara Parsons, R. N., Kansas City, formerly superintendent of nurses, Massachusetts General Hospital. Now making a survey of the Training Schools of the State of Missouri.

Discussion.

Group luncheons, 12:30 to 2: Hospital Executives; Training School Executives; Dietitians and Stewards; Anesthetists.

2 P. M.: "The Anesthesia Problem of the Hospital"—Dr. Isabella C. Herb, Rush Medical College, Chicago.

Discussion.

"Financial Management of the Hospital"—Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland.

"The Institutional Laundry — Innovations and Economies"—W. T. Williams, Editor of the *National Laundry Journal*, Chicago.

"Hospital Architecture with Special Reference to Interior Arrangement"—Perry W. Swern, of Berlin, Swern and Randall, Chicago.

Discussion—Frank E. Chapman.

At 7 P. M. there will be a banquet at the Hotel Pfister. This banquet will be attended by the members of the association, and it is especially desirable that hospital trustees and other lay people interested in hospitals, be present. The speaker of the evening

will be Dr. William J. Mayo, Mayo Clinic, Rochester, Minn.

Thursday, May 26, 9 A. M.

Election of Officers; Reports of Committees; address by representative of the American Hospital Association; address by representative of the American College of Surgeons.

"Recent Advances in Occupational Therapy"—Russell Bird, director of crafts, Wisconsin Psychiatric Institute, Mendota.

"Round Table on Hospital Administration"—Conducted by Asa Bacon, superintendent, Presbyterian Hospital, Chicago, treasurer of American Hospital Association. Assisting Mr. Bacon: Miss Amalia Olson, R. N., Luther Hospital, Eau Claire; Dr. S. M. Smith, Hanover Hospital, Milwaukee; H. K. Thurston, Madison General Hospital Madison; Miss Schoolbred, R. N., Ashland Hospital, Ashland; Miss Hannah Paulson, R. N., Wisconsin Deaconess Hospital, Green Bay; Mrs. G. A. Hipke, Milwaukee Maternity and General Hospital, Milwaukee; Sister M. Seraphia, C. S. A., St. Agnes Hospital, Fond du Lac; Dr. J. W. Coon, River Pines Sanatorium, Stevens Point; Dr. J. K. Goodrich, River View Hospital, Wisconsin Rapids; Miss Agnes Reid, R. N., Bradley Memorial Hospital, Madison; Dr. J. W. Bauernfreund, Monroe; Miss Ella B. Smith, Wausau.

Afternoon Session, 2 P. M., Walker Hall.

"Medical and Hospital Program of the University of Wisconsin"—Dr. C. R. Bardeen, Dean of University Medical School.

"The Out Door Department—How It Can Best Serve the Community and the Hospital"—John E. Ransom, superintendent, Michael Reese Dispensary, Chicago.

Discussion.

"Outline of Efficient Case Record System, Applicable to Both Small and Large Hospitals,"—Miss E. Meechen, record clerk, St. Joseph's Hospital, Milwaukee.

Discussion.

"The Status of the Dietitian—Necessary Qualifications and Training"—by Prof. L. D. Harvey, president, Stout Institute.

"Every Hospital to Celebrate Next Year"

"You are to be congratulated on the success which has marked your efforts in making Hospital Day a truly National Day," writes Cornelius M. Smith, of Will, Folsom and Smith, New York, to HOSPITAL MANAGEMENT. "In 1922 I shall be surprised if there is a hospital in the country that does not avail itself of this excellent opportunity of making known to its public the value of its services."

Presents Hospital's Needs

The Eastern Maine General Hospital, Bangor, in its publicity regarding National Hospital Day prepared by Prescott H. Vose, president, emphasized the great need of a nurses' home, power house with coal pocket, a laundry building and an isolation ward.

Bishop Schrembs Makes Address

Right Reverend Joseph Schrembs, bishop of Toledo and a leader in the National Catholic Welfare Council, was the principal speaker at the National Hospital Day exercises at St. Rita's Hospital, Lima, O. Five nurses were graduated.

Burrus Heads N. C. Hospitals

High Point Hospital Man Chosen President at Pinehurst Meeting; Dr. Myers Re-elected Secretary

*By John Quincy Myers, M. D., Charlotte, N. C.,
Secretary-treasurer, North Carolina Hospital
Association*

The following officers were elected at the third annual meeting of the North Carolina Hospital Association, which convened at Pinehurst, North Carolina, April 26:

President, Dr. John T. Burrus, High Point.

First vice-president, Dr. Moir S. Martin, Mt. Airy.

Second vice-president, Dr. B. C. Willis, Rocky Mount.

Third vice-president, Miss Virginia McKay, Wilmington. The present secretary is to be continued.

Executive committee: Dr. J. F. Highsmith, Fayetteville, Dr. J. M. Parrott, Kinston, Dr. John W. Long, Greensboro.

Delegates to State Nurses' Association: Dr. J. R. Alexander, Charlotte, Dr. L. B. McBrayer, Sanatorium, Dr. E. T. Dickinson, Wilson, Dr. L. E. Farthing, Wilmington.

Committee to consider general nursing problems to meet with similar committees from nursing associations: Dr. J. F. Highsmith, Fayetteville, Dr. J. P. Munroe, Charlotte, Dr. John W. Long, Greensboro, Dr. J. M. Parrott, Kinston.

The constitution and by-laws were changed to read, "Membership shall be composed of all legally organized hospitals in the state of North Carolina, and shall be graded according to the rules governing the Nurses' Training School Association, and shall pay annual dues of twenty-five cents per bed."

New England Body Planned

Connecticut Hospitals Begin Campaign to Organize a New Sectional Association

By L. A. Sexton, M. D., Superintendent, Hartford Hospital, and President Connecticut Hospital Association

The executive committee of the Connecticut Hospital Association met at the New Haven Hospital, New Haven, on Wednesday, April 20, for the purpose of appointing a nominating committee for the following year, also to discuss the advisability of organizing a New England Hospital Association to be composed of all the hospitals in the New England states, and to discuss National Hospital Day.

The association voted its approval of the observance of the day and several of the training schools in the state will hold their graduating exercises on that day. All other hospitals in the state who had made arrangements to have their graduating exercises on other dates will observe the day, and follow out the suggestions of the National Hospital Day Committee.

The annual meeting of the Connecticut Hospital Association will be held at the Meriden Hospital, Meriden, on June 1, at 2:30 p. m. We hope at that time to have every hospital in the state represented to consider particularly the above named objects and the annual election of officers of the association.

Construction Round Table

Informal Discussion of Building Problems to Feature Annual A. H. A. Convention at West Baden

One innovation assured for the annual convention of the American Hospital Association at West Baden, Ind., September 12-16, according to Dr. A. R. Warner, executive secretary of the A. H. A., is that one or more evenings during the week will be given over to speakers of national reputation on subjects interesting to hospital workers, thereby devoting the evening to general educational and social activities.

The program of a new section—on dietetics, of which Miss Lulu Graves, professor of home economics, Cornell University, and honorary president of the American Dietetic Association is chairman, is expected to be unusually practical and instructive.

Two special reports are assured of unusual interest. The first is the report of the special committee making a study of state subsidy for hospitals. The second will be the report of the special committee now making a complete study of flooring materials for hospital use with the aid of a fund donated to the association for this purpose.

The Section on Hospital Construction has decided to make the section this year a round table that superintendents and others may have the opportunity of presenting their problems and questions on construction at this meeting for discussion. As the best talent in hospital construction in this country will be present at this meeting, the discussions and the answers to questions will be most valuable.

Dr. Warner also announces other features of the 1921 convention as reduced railroad rates, protection against excessive hotel charges by the filing of rates by the hotels, assurance of accommodations at the hotel headquarters for every one, ample facilities for recreation and diversion and vacation atmosphere.

Catholic Hospitals Organize

Indiana Institutions Meet At Lafayette; Form Conference of the Catholic Hospital Association

The twenty or more Catholic Hospitals of Indiana organized the Indiana Conference of the Catholic Hospital Association at a meeting at Lafayette April 28 and 29 at which the following officers were elected:

President, Mother Josepha, St. Elizabeth's Hospital, Lafayette.

First vice president, Sister M. Catherine, St. Joseph's Hospital, Fort Wayne.

Second vice president, Sister M. Louis, St. John's Hospital, Anderson.

Third vice president, Sister M. Joseph, St. Vincent's Hospital, Indianapolis.

Secretary-treasurer, Sister M. Columba, St. Joseph's Hospital, Mishawaka.

Executive committee: Sister M. Berchmans, Good Samaritan Hospital, Kokomo; Sister M. Gabriel, Wabash Hospital, Peru; Sister M. Sylvia, Sacred Heart Hospital, Garrett, and the diocesan directors.

Great Falls Takes Great Interest

"We wish to have the name of the Montana Deaconess Hospital published on the list of hospitals that have observed National Hospital Day," writes E. Augusta Ariss, superintendent. "The city of Great Falls has taken a great deal of interest in this day and a good program was arranged. I believe it will mean much to our hospital work."

Twenty-Six Hospital Beds to An Acre

Many Interesting Construction Ideas Touched on in
This Article by Widely Known Canadian Architect

By A. A. Cox, F. R. I. B. A., Vancouver, B. C.

The subject of Hospital Architecture is a rather extensive one, and I find it somewhat difficult to subdivide or condense it into a form proportionately with the time placed at my disposal.

Having had personal experience in designing many hospital buildings in Canada, I have always found that there is much to learn from the medical profession, and must say that I appreciate the co-operation and advice I have received on many occasions from those who have been closely interested in the departments of administration in institutions of this character.

As time goes on gradual improvements and new ideas in planning are noticeable, and at no period, perhaps, as the recent-past and the present, has there been such a demand for efficiency in hospital design.

The war having played such an unprecedented part and demanded unusual requirements in the various departments of medicine and surgery, the hospitals of today are calling for an increase of bed accommodation.

SIMPLE DESIGN AND PLAN

The public sick must however be cared for and our efforts, therefore, be given to providing buildings of a simple design and plan, and all superfluous ornamentation abandoned in order to meet the handicap which has been set on constructional progress by the increasing cost of labor and materials. It is possible even with the plainest designs to acquire pleasing results and with a good plan in which utility has been carefully studied, there should be no cause for complaint or disappointment with external effects. Some of the plainest buildings existing today are the most attractive and pleasing and so long as they exhibit their true character and at once indicate the uses for which they have been designed their success has been achieved.

In connection with hospital planning, it is necessary that both architect and the public should cease to regard a single building as a complete work. Each building or unit in a hospital group has a duty to perform towards its surroundings and the whole site. It is not enough that a building be effective in itself only—the point is—How much does it contribute to the general architectural scheme? It is a mistake to suppose that the best architecture would appear to advantage in any unsuitable location or place. The thing to be considered is—Does it harmonize with the surroundings and suit the character of the purpose for which it is designed—if not—then it will not be good architecture.

An essential part of architectural composition consists in striving after refinement in relation to the individual forms which constitute the whole. These in turn lead from one part to another presenting finally an effect built up of the different units, especially in hospitals, and in this way a distinct rhythm is imparted to the design, and rhythm depends on the proper dividing up or balancing of the component parts.

The internal arrangements and planning of a hospital should not be sacrificed for external architectural

effects, no matter how complicated the plan and grouping may be, the skeleton of the construction in the hands of an efficient architect can be made to suit the local conditions and requirements, and generally with satisfactory results.

Architectural composition can only be termed good when it ostensibly shows the character of the purpose for which it has been intended, for example.

A power house, or factory, or railway station, also generally show their respective characters, and a hospital building should also have a style befitting its own special purpose without an unnecessary display of ornament. One of the chief features desirable in a hospital is ample fenestration, or better known as window surface, and this to a great extent governs the style of building and gives a special character to it, and if properly grouped and balanced, can be made to compare favorably with the best examples in other classes of architecture. In many instances buildings in Europe, as well as in Canada, have been failures from the fact that the designers have sacrificed the internal plan and arrangement to the external effects, and when this occurs it cannot be pronounced good design. Experience only will teach the art of good planning for hospital buildings. Specializing is the order of the day, and buildings have to be made to comply with the methods employed.

The next question to arise is: What do we consider the fundamental aim of a hospital? It is to aid and give service to the sick; in other words, it is the home for sick guests.

No matter how high its standards may be on paper, or how up-to-date its laboratories, surgeries, sanitary and sterilization systems, no matter how imposing and beautiful its architecture, or how perfect the equipment in the various departments, or how fine the technique and efficiency of the staff may be, the efforts will all be wasted, unless all of these activities be dedicated, and directed to the benefit of the patients and service of the community.

HOSPITAL REQUIREMENTS SPECIALIZED

Hospital requirements of today are as highly specialized as is the medical profession itself, some catering to one branch, some to another, and still others to all branches of the medical profession.

If efficiency and economy are the ends sought in building hospitals for either general or special treatment of patients, it is of the utmost importance that the designer should have an intimate knowledge, not only of building construction, but also of the various activities peculiar to the particular types of treatment involved, as well as the proper co-ordination of facilities and accommodation that will best suit the requirements to which the hospital will be devoted, for the simple reason that the arrangements and grouping of buildings which might be ideal for a general hospital, would not be at all suitable for one specializing in tuberculosis and other forms of disease.

An architect should not be relied on entirely to judge professionally about the actual grouping of departments in the plans, the arrangement of rooms and

wards, and the details of them. It is unjust to require that he should know all about hospital management, or the medical and surgical features of a hospital. One may as well ask that he be an expert in civil, mechanical, and electrical engineering, an able manager of kitchen, diningroom, or laundry, or even greater, that he be an able physician or surgeon. The study of each and every one of these professions is needed in a hospital. The architect, however, should be thoroughly acquainted with the general work in a hospital, and the routine of the institution, and general character of the greater number of diseases, and ordinary hospital cases. To obtain a thorough knowledge of good hospital planning, experience only will teach. Designing and construction are very intricate problems to solve. They need very careful study of the causes, in order to procure the proper remedies for failure, as seen in many existing examples today.

COPYING NOT GOOD POLICY

Slavish following of past examples and hospital ideas, "often fads," will not lead to great success, and copying of such features is a good solution of any new building. It frequently happens, that when a new building is required, a hasty examination of various existing institutions will be made, with the result that only an extensive collection of indigestible data is made, while the fundamental study of the hospital requirements is lacking. It requires experience and very careful comparison before being able to judge the good or bad features of existing institutions. Great responsibility therefore rests on the board of management of a hospital, when appointing an architect, and they should always seek and secure a well-known expert, and one responsible to carry the works through with intelligence and success.

In regard to location and site for hospital buildings, there should be ample superficial ground area, an abundant supply of pure air, and all sunlight possible. They should be sufficiently remote from streets and railways, so that the patients may not be disturbed by traffic. Nothing is more detrimental than noise and germ-laden air to convalescent patients, or those whose vitality may be hanging in the balance, requiring every favorable condition to aid recovery. Beautiful surroundings are most desirable for patients, especially in the convalescent stages, when they can spend the time very largely in the open air, under shady trees or groves.

Every hospital should stand, if possible, in a park, rather than in the limited area of a city block. The perfect site should therefore afford air of the utmost purity, a maximum of sunshine, and perfect quietude. Some of the larger hospitals in Europe occupy thirty or forty acres and upwards. They are mostly of the pavilion type of plan, varying in height. Terraces on the ground floor, level with the floor are often adopted, enabling the beds to be easily wheeled out of doors into the direct sunlight, or a shady nook surrounded with singing birds and blooming plants, such environment means rapid convalescence.

As time progresses we find a larger proportion of sick persons going to the hospitals for examination and treatment. Formerly only the very sick were sent to a hospital, nowadays many only slightly sick go to be treated. This is perhaps because it is economical to do so, and their chances of recovery greater than if they remained at home. In the modern hospital today the patient has the advantage of special examination by the X-ray specialist, and may not only have immediate, ordinary medical and surgical treatment,

but also obtain such special forms of treatment by hydrotherapy, electricity, massage, etc., and there is no doubt that the earlier the disease is diagnosed the greater the chance of recovery. It is therefore advisable that sick or slightly sick should be admitted into hospital for examination as early as possible.

As I previously mentioned, mental happiness is the first aid to a patient's recovery. The body suffers or rejoices with the mind, especially when both are in a sensitive condition. A pleasant exterior, homelike interiors of rooms, flowers, landscape, decorations, and even pictures, are all helpful to recovery, and are therefore important and essential features in good hospital planning.

The beginning of a new hospital building is usually one of relatively small things in many ways, but it is never small in comparison with its potential future. The constantly increasing demands for hospital treatment assures the future growth of the institution, and this potential feature is a very important one, and because of this the most careful consideration of the possibilities of future development is quite as important as is the study of the present needs and the method of meeting them.

First and foremost, the needs of the institution, present and future, should be carefully determined, and plans should be sufficiently developed that all cost of the buildings may be at least approximated.

While tentative plans for the entire group of buildings should be outlined, only the plans for the immediate requirements need be furnished in complete form; but the tentative designs of the ultimate development are essential in order that the relation of the proposed or immediate buildings to those of the future ones may be properly worked out as a perfect scheme. In other words, the real problem resolves itself into how to plan the first unit or units, so that while serving present or immediate needs, additions and alterations may be made to meet future accommodation and requirements at a minimum expenditure. The building must at all stages be a complete hospital in all its details, and the construction must be effected without handicapping present service. A proper proportion of patients and service spaces per unit must, at all times, be maintained, and neither sacrificed for the other.

PROBLEMS OF TYPE AND CAPACITY

The problems of type and capacity of the units of a hospital system are usually local ones, and the guiding feature in their solution should be not only to serve the present but to forecast the future needs. It is, I believe, computed that not over 12 per cent of sick people, on the average, use the hospitals; all the others are being taken care of in their homes, and to a certain extent neglected, consequently not recovering as rapidly as they should, owing to lack of hospital accommodation and proper nursing. Every hospital, therefore, should be architecturally as good as science can produce, and the equipment of the best type obtainable.

The vital question to settle when establishing a hospital is to ascertain what sort of building is necessary to meet the local requirements. It should be designed so as to take care and accommodate any kind of disease that may come along; for instance, take a mining district where the greater number of cases may be those with broken limbs, and are to be long and tedious cases. In such cases the planning would have more particularly to consider the male surgical ward accommodation, which would be greater than other departments. Or in a milling district, where patients

suffer chiefly from eye troubles, in its way requiring dark rooms, each disease demanding its special arrangements. Many other cases being of an ambulatory character, in which the patients are not confined to their beds. All these varieties of disease create a different type of building, and the architect should give special consideration to these important features, and provide arrangements to meet such requirements. Generally speaking, architecture in its decorative sense enters comparatively little into hospital design; the general construction, selection of proper materials, and good planning being the essential points for consideration.

ACREAGE AND PATIENTS

In this country we are apt to be too economical in regard to land area for hospitals, for the obvious reason that land is costly, especially in the large cities where large institutions are necessary. In England for many years a minimum was fixed at one acre to fifty patients, but at the present day this proportion has been considerably reduced. I think we should establish a rule setting forth the area required for the pavilions, exclusive of that occupied by the accessory buildings. In Germany and France they are far more generous in the matter of site areas; for example,

Hamburg Hospital, 37 to 50 beds an acre.

Nuremburg Hospital, 40 to 60 beds an acre.

St. Denis, France, 26 to 55 beds an acre.

Manchester, England, 46 to 50 beds an acre.

New York, U. S. A., 100 to 150 beds an acre.

Vancouver General Hospital, about 100 to 150 beds an acre.

Hospitals may be divided into two types of buildings or service, viz.:

(1) The "Medical," for treatment of patients.

(2) The "General," for service or administration.

And these are again sub-divided into various groups, viz.:

The pavilion type.

The corridor type.

The combined type.

The first type, or "pavilion," affords light and air on two sides and one end of the wing.

The second type has a central corridor with wards and rooms on either side, and of course gets light from one side only, and sometimes at one end.

The third type affords rooms more or less grouped together, with projections from the main structure, which more or less obstruct light.

It would be impossible for me now more than to mention some other varieties of hospitals, such as:

Special hospitals for surgical cases.

Lying-in hospitals.

Hospitals for the insane.

Clinical hospitals.

Asylums, barracks and tent hospitals.

Contagious diseases hospitals.

Out-patients department.

Research department.

Nurses' home.

Each of which has its predominating features and requirements, necessitating special study in planning.

In examining more closely the principles upon which hospital planning and construction is based, it is hard to lay down any hard and fast rules, owing to the fact that the requirements upon which the design and construction depends are continually changing and progressing by the aid of new discoveries and research, and buildings have naturally to be erected to meet the modern demands from time to time.

Canada has produced in recent years a number of interesting hospitals, notably:

The General Hospital at Toronto.

The Royal Victoria, at Montreal.

The Vancouver General Hospital.

When we compare the great pavilions of the hospitals in Europe with the majority of our own institutions, we are impressed with the great size and extent of the institutions in Europe. The following features may also be observed, viz.: The disconnection of the main kitchen and service blocks from the patients' blocks, and the grouping of patients' blocks into definite departments to separate the diseases, the adoption of sanitary annexes at the ends of the pavilions, the greater provisions for special treatments, such as: hydro-electric therapeutics, special provision for scientific research and pathology, and also the spacious and remarkable laying-out of gardens and grounds. It is a question for the medical profession to say whether our own hospitals are equal to, or excel, those of other countries, although I believe it is generally considered that many of our Canadian institutions often excel in internal arrangements and plan, and sanitary equipment.

An intimate knowledge of dimensions of equipment and fixtures is most important in planning a hospital, the following items being worthy of notice. Beds are approximately three feet wide, six feet six inches long, and there should be a working space between them of at least three feet. The head should be set about 16 inches to 18 inches away from the wall. It makes not quite as much difference as to the width of the central aisles between the feet of the beds, if sufficient space be allowed for carts and wheel chairs, and for two persons to pass easily abreast. Eight hundred cubic feet per bed is considered a minimum allowance of space in public wards, and one thousand to twelve hundred cubic feet in private wards. St. Thomas' gives fifteen hundred to eighteen hundred cubic feet, average, and two thousand to two thousand five hundred cubic feet in infectious buildings.

POSITION OF THE BEDS

The position of beds is a subject to be considered in laying out a large public ward. It is generally accepted here, and in England and France, that each bed should be placed between two windows, but in German and Austrian hospitals, and some other examples, the beds are spaced, disregarding this rule and often with satisfactory results; for example: The Johns Hopkins Hospital, Baltimore, has beds grouped in pairs, and windows between each group. In England the local government board has made the following regulations:

600 cubic feet for adults.

960 cubic feet for children.

2000 cubic feet for isolation wards.

1200 cubic feet for military hospitals.

In planning a new building it is important that an allowance be made to the extent of one extra empty ward or room to every twelve occupied. This will afford the management a margin to empty a ward when needed for purposes of disinfecting or cleansing.

An ideal hospital would have separate rooms for each patient, but this is impossible, owing to cost and maintenance and service. German hospitals adopt the large pavilion type of wards, ranging from twelve to twenty-four beds per ward. French authorities claim that no ward should contain more than four to six beds, at any rate the tendency in modern buildings in Europe, as well as in this country, is to diminish the number of beds in the public wards.

There should always be sufficient isolation rooms for separating patients suffering with nervous disorders and those suspected of having infectious diseases. Sizes of operating rooms are somewhat elastic and depend in a large measure on the wishes and technique of the surgeons.

In regard to accommodation, some experts have declared the necessary bed accommodation should be regulated in the proportion of five beds to every one thousand of population in cities of over one hundred thousand; smaller cities needing about four to five beds to the thousand population. These figures are approximate, and would have to be varied to suit unusual conditions when necessary.

SPACING OF PARTITIONS

Spacing of partitions is another important factor in laying out of a new hospital. The spaces between blocks or partitions should not be less than 60 feet clear. Johns Hopkins Hospital has 60 feet, and many large institutions have similar spaces. Manchester, England, 65 feet; Camberwell, England, 90 feet. As a rule an angle of 30 to 45 degrees from the lowest under cell of opposite building will be a safe rule to follow.

Sun rooms at ends of partitions could be made larger with advantage and enclosed in glass in cold weather. They would be of greater use for convalescents and feeble patients who spend much of their time in these sun rooms, and should the ward become overcrowded a number of beds could be placed in them and serve as sleeping porches, and under such conditions a toilet and sink would greatly simplify and reduce the labor of the nurses, if located in or near the sun room.

Roof gardens are also used in some English hospitals, and are giving excellent results. They could be adopted in British Columbia with equal advantage. The climatic conditions are most excellent and there is no doubt, as I have stated before, that surroundings and fresh air and scenery accelerate convalescence to a marked degree. Suite of private rooms or wards on the roofs with gardens in our hospital would be most attractive to the wealthier class of patients who would be only too glad to avail themselves of such charming location during the period of sickness.

The cost of buildings, furnishings, and maintaining a hospital has increased very heavily during the last twenty years. The reason for this increase is not entirely due to the introduction of social needs. It is caused, firstly, by increased land values, price of building material and workmen's demands for larger wages and shorter hours; secondly, improvement in technical equipment and fittings, such as heating, ventilating and electric lighting, and other sanitary arrangements, and the installation and maintenance of these necessary improvements.

The public demands for better housing of patients in the hospitals has also increased the cost considerably, private rooms having a greater cubical space than that usually given in public wards, means larger and more expensive construction. A two or three story block is no doubt rather less in cost, cube for cube, than a single story block. Cost of roof and foundation is about the same; on the other hand, walls are thinner and foundations less, and no staircases or fire escapes or elevators are necessary for safety

for one-story blocks, and these are items which go a long way towards the cost.

There are many other reasons for the variation in cost, such as the proportion of public wards to private rooms. Economy of plan and the expansion of the first unit of construction wherein has to be located the service accommodation for succeeding units. The operating department which would be desirable in a fifty-bed hospital would be ample for a building with double that number of beds, and so it is readily seen that a small hospital costs more in relative proportion than one of larger capacity.

A dozen designs could be made for any hospital, each having points of merit, but it is safe to imagine that only a few of such designs would be ideal from every point of view. If you ask the question: Is there today a typical and accepted or standardized ward limit? the answer would undoubtedly be that we are undergoing a transitional period. The medical profession is classifying and specializing on various diseases, and this, in turn, demands special attention to planning to meet the newer and modern requirements.

The ventilation of hospitals was much neglected until the latter part of the nineteenth century. Since that period the subject has received better consideration, with good results. The question of ventilation, however, is still an imperfect and unsettled proposition. There are, generally speaking, three systems in use today:

(1) The "natural" interchange of air by windows, doors, and sometimes chimneys, and this method is still finding favor, and being employed by some of the leading architects today in some of the largest and best public, as well as private, buildings.

(2) The "aspirating system" by mechanical means. In this method the vitiated air escapes from the room or ward through ducts and openings near the ceiling, the ducts being heated by steam or hot water coils sufficiently to cause an "updraft," and to increase the efficiency an electric exhaust ventilator is placed near the top of the main duct, controlled by a switch when occasion demands.

(3) The "down-draft" system. That is, the fresh air is introduced at the ceiling level and forced downward by means of a powerful fan located in the basement. The cold air being forced across a system of heats and thence into the flues under pressure. With this system all windows must be kept closed and air-proof, or the system would be "cross-circuited" into the foul air vents at the floor level.

OBJECTIONS TO PLAN

There are several grave objections to the plan of abstracting the foul air near the floor.

(1) It is opposed to nature's law of atmospheric pressure, and therefore requires the use of special abstracting contrivances.

(2) By drawing down the foul air, it causes it to be breathed over again, which is a most dangerous proceeding, and should never be allowed.

(3) The fresh air supplied is apt to be forced in overheated, in fact burned, and so made unfit and unhealthy.

(4) The long, tortuous flues cannot be kept clean, and will therefore become lurking places for dust and germs.

The relative merits of the "upward" versus

"downward" systems of ventilation may be estimated from the following considerations:

(1) The natural direction of the currents of air from the human body is, under ordinary conditions, upward, owing to the heat it acquires in the lungs specifically lighter than the surrounding air in the room, and this current is an assistance to the "upward" and an obstacle to the "downward" ventilation.

(2) The heat from all gas flames used for lighting tends to assist "upward" ventilation, but elaborate arrangements must be made to prevent contamination of the air by the lights if the "downward" method be adopted.

(3) In the "downward" method in large rooms an enormous quantity of air must be admitted, if the occupants are to breathe pure, fresh air, or about three times the amount which would be found necessary in the "upward" method.

VENTILATION REQUIRES STUDY

Ventilation is a science, and it requires long study to master all its complications. There is, perhaps, no other subject with respect to which there is greater diversity of opinion. It will, however, be advisable that the system which secures the requisite change of air in the simplest manner is the one likely to prove generally acceptable.

It has been argued by some that because carbonic acid gas is about fifty per cent heavier than air, it is desirable to ventilation by a "downward" current in a room, rather than an "upward" one. This, however, is not acceptable by some well-known experts. Prof. Woodridge states:

"The carbonic acid gas by respiration from the lungs, and passed through the skin, is as thoroughly diffused in the warm air currents from the body as is the same gas made by a candle or gas flame when once diffused in the air currents ascending from those flames. Carbonic acid gas when once diffused in air can no more settle downward out of the air and occupy the lower level of a room than salt, because heavier than water, can settle out of the sea water to its bottom."

One cubic foot of gas consumes the oxygen of about eight cubic feet of air. With a temperature of seventy degrees Fahrenheit the temperature of the air expelled from the lungs is from eighty-five degrees to one hundred degrees Fahrenheit. It is the organic matter suspended in the watery vapor expelled from the lungs and exhaled from the body wherein the danger of disease lies.

VELOCITY OF FRESH AIR

The velocity of the fresh air supply should never be greater than two feet per second, if draught is to be avoided. Investigations have shown that the evil effects of bad air are due, not primarily to any lack of oxygen in the room, but to excessive heat and humidity.

The principal symptoms experienced in a badly ventilated room are due to the influence of "warm still air" upon the human system. Such an atmosphere causes a rise in body temperature and pulse rate, and fall in blood pressure and general feeling of discomfort, and a marked disinclination to physical exertion. Any temperature over seventy degrees Fahrenheit (except where air is in constant motion) is lowering to efficiency, and injurious to health. It may generally be assumed that when a

room is so crowded that the floor area is less than two hundred square feet per person, some sort of special ventilation will be necessary in order to secure a reasonable change of air.

It has frequently been observed that in the "forced draught" system of ventilation trouble has arisen from the engineer trying to economize fuel by operating the fan at a reduced speed, or not at all. Sometimes the fan is doing its part, while wrong proportioning of registers, and lack of "volume dampers" deliver the pressure so faultily that the air is changed too rapidly in one section, and too slowly in another.

SUPERVISION AND ATTENTION NECESSARY

In an "indirect" system any desired combination of temperature, moisture, variability and movement can be obtained, if proper supervision and attention be given to the operating of the apparatus. Humidity depends on the difference in temperature between the air as it leaves the humidifying chamber and when it enters the room or ward. If the two places have the same degree of temperature, the humidity will be one hundred per cent, but if they differ in temperature, say, by twenty degrees, the humidity will be only about twenty-five per cent, showing the importance of keeping the air at a regular and equal temperature.

Ventilation has given sanitariums a long chase. Air has been admitted rooms at the ceiling and discharged at the floor level, and vice versa, forced in at one end and sucked out at the other, and each method has been more or less approved. Air deflectors and revolving fans and blowers have been installed, windows have been opened at the top, at the bottom and in the middle, windows have been removed, and walls abandoned, and still the problem of perfect ventilation has not been solved to satisfaction. There is ventilation with moisture, and ventilation without moisture, and with a moderate amount of moisture. The psychic element, I think, also enters very largely into the problem of ventilation, and the only real thing that stands out as of permanent moment is temperature and cleanliness, and there is no doubt that if in the solution of the ventilation problems we gave more attention to the regulation of air, and to the age, condition and activities of the persons who occupy the rooms, better results would be effected.

FEATURES OF HEATING

In regard to heating: It is an open question whether the system of heating by steam and hot water have an advantage over the old style stove, excepting for convenience of operation. There are at least five main features to be considered, in order to insure perfect heating, viz., temperature, humidity, purity, movement and variability of air, and each is a very important factor in providing good results. In heating by steam or hot water direct radiation, it is not easy to obtain a constant, gentle movement of air, which action is one of the chief factors that make outdoor life so beneficial, and whereby humidity and variability are naturally supplied.

To secure purity in the air a disinfecting system should be adopted. In connection with the humidifying of air, we perhaps scarcely realize the importance of the use of moisture in the air, and the extent to which this system is adopted in buildings other

than hospitals; for example, the humidification of air is one of the essentials in cotton mills, wool and silk mills, bakeries, in the candy, cigar and tobacco factories. How much more desirable, therefore, that our hospitals should have all the benefits to be derived from such a system.

INDIRECT SYSTEM DEVELOPED

Indirect system is the most highly developed system of modern heating. The air is warmed by passing over pipes or radiators of steam, and then blown or forced into the rooms or wards. With this system the desired temperature, humidity and movement of air can be secured, if operated by an experienced engineer. The apparatus is subdivided into four parts:

- (1) The humidifying chamber.
- (2) The steam-heated coils or radiators, which warm the air before it enters the humidifying chamber.
- (3) The fans which drive or force the air through the building.
- (4) The ducts that carry the air to the wards.

Hot water heating for small buildings is the better medium or system for "direct" radiation in wards.

Comfort depends to a large extent on the lighting, both natural and artificial. Every patient's room should have direct sunlight during some part of the day. The worst type of artificial lighting in a patients' room is the ceiling fixtures, for it puts the glare squarely in the patient's eyes when lying in bed. A room never looks so cheerless as when illumined by light diffused from a white ceiling, for practically then all shadows are eliminated, and shadows are most essential for the satisfaction and repose of the eye. In architecture and art, high lights and shadows are the essence of a design or picture composition. The study of light values is therefore of extreme importance.

ILLUMINATION IS IMPORTANT

Illumination should, therefore, play a very important part with sick patients, in giving comfort to occupants of the various rooms, doing away with the garish effect of exposed lights, which are always annoying, even to persons in good health. Many schemes have been put forth by various architects and others for lighting a hospital, and many have fallen short of success. The general tendency today is to conceal the lights as much as possible, and keep intensity fairly low.

- (1) "Low" intensity of light, to enable nurses to wait on the patients at night.
- (2) A "medium" intensity for patients' reading.
- (3) A "high" intensity for medical examination at beds.
- (4) Wall plugs can always be used with advantage. Where wards are very large, dimmers may be used.

Regardless of any special type of construction, no hospital or institution of twenty-five or more beds should be without an adequate method for giving fire alarm, and strictly observed fire drill of every able person employed in the building. The first requisite in protection against fire is the use of all possible care in not letting one happen. The second is in recognizing its existence quickly when

it does happen; and the third is to be provided with readily accessible apparatus for extinguishing it.

While reinforced concrete and other methods of fireproof construction (so called) have largely eliminated the danger from fire, too great stress cannot be laid on the danger arising from smoke. A fire may originate in the contents of the structure, and without injuring the building itself, but will generate enough smoke to fill the corridors and rooms completely, causing suffocation, and often with fatal results or panic.

Special attention in planning should be given to the sub-division of the building, and ample means of exit for the various patients. Where possible it is advisable to have each stairway entirely enclosed by a fireproof partition, or lobby, with lower exit doors, as near the ground level as practicable, thus eliminating the danger of stair walls becoming filled with smoke.

In hospitals decorative coloring has a much greater therapeutic value than commonly supposed. Brilliant and violent contrasts have by experiment been shown to excite the nerves of sick patients to a degree causing actual distress.

A few remarks on color and reflected light values will perhaps be worthy of consideration; for example:

The dark reds, greens, and browns will reflect only ten to fifteen per cent of the light values.

White, cream and yellow, up to orange, will reflect sixty per cent down to twenty, according to depth of the color.

DECORATIVE COLORING

The greens and grays are generally admitted the best for wards and private rooms, as they are easy on the eyes, and quieting to the nerves, but there is a limit to their usefulness, based on the amount of uninterrupted direct window light. For night use the white and cream are best, because they reflect glaring points of light which are disturbing to the repose of a patient.

Time will not permit me today to go into details of equipment of an up-to-date hospital kitchen. The subject is an interesting, as well as an important one, and deserves much consideration. I would have liked, had time been given me, to have made some remarks on the military hospital kitchens and equipments, many examples varying in size, having been installed under my own personal supervision during the war, in British Columbia.

In concluding this paper, let me say that I have ventured these few remarks and suggestions, relative to the comfort of the patients, and hope that their enforced sojourn may be a trifle less irksome while detained in the hospital under treatment. I conceive it to be one of the functions of hospital service to minister to the speedy recovery of all cases, providing accommodation and surroundings which are best adapted to mental happiness, as well as supplying conditions and medical services of the highest order.

The more up-to-date and perfectly designed and equipped hospitals we erect the more we serve the community at large, and it follows in fact that we are simultaneously improving our province, and indirectly enriching our country as a whole, as well as strengthening the Empire to which we proudly belong.

The Sacred Heart Hospital, Spokane

Careful Attention to Need of the Patient on Part of All
Connected With Institution Builds Up Efficient Organization

By M. A. R.

The nucleus of the present Sacred Heart Hospital came into being April 30, 1886. It was a modest little building of about 31 rooms. The work of the hospital was done by six sisters, who sacrificed themselves cheerfully for the welfare of their patients, and struggled bravely under the difficulties, financial and otherwise, incumbent on all new foundations, not having the good fortune to be the creation of some generous benefactor.

The Sisters of Charity, by whom the Sacred Heart Hospital is conducted, endeavored to meet the de-



VIEW OF SACRED HEART HOSPITAL

mands on the hospital, which the rapid increase in the population of the city of Spokane made imperative, by adding new wings to the original building from time to time; until eventually the growth of the city made the location undesirable and the site upon which stands the present structure was secured.

The new Sacred Heart Hospital is six stories in height, and 300 feet in length, and is constructed of red pressed brick, solidified by steel, concrete and granite foundation. It is embellished by stone. The roofing is tile. The building has a capacity of about 500 beds, 300 of which are used for patients.

The hospital occupies a commanding site; from the windows, verandas and solariums, convalescing patients may enjoy a view, on the one side of the wonderful works of nature in its rustic garb, as it appears at the south end of the building; on the other, the glitter of the busy city as it unfolds before them like a huge panorama.

The growth of the Sacred Heart Hospital has been constant, and today the work of that institution requires the service of 40 sisters, 80 student nurses, assisted by a large number of graduates and attendants. It cares for approximately 9,000 patients yearly within its walls, besides a large number of poor in their homes.

The hospital is equipped with every modern appliance to give scientific treatment to the patient:

X-Ray, pathological laboratory, surgical department, and pharmacy.

The surgical suite is composed of six well furnished rooms including one ophthalmological and one orthopedic surgery, fitted with a Hawley table and various kinds of apparatus and instruments necessary for different branches of special work.

The X-Ray department is in charge of a trained roentgenologist, Doctor Aspray, and a technician. It occupies three rooms; one of which is used for fluoroscopy, radiography and treatment; the second is a dark room used for developing pictures; the third room is used for plate reading.

The main room is equipped with an interruptless transformer for use with gas or Coolidge tubes.

As an auxiliary equipment the department is furnished with a small unit for operating the ten or thirty milliampere self-electrifying Coolidge tube.

The table is used horizontal or vertical radiography and for horizontal fluoroscopy; a standard tube retainer with over-head wiring; an upright stereoscopic plate changing apparatus; and a vertical fluoroscope completes the equipment of this department.

This department in common with others in the hospital has grown with leaps and bounds since the hospital has adopted the standardization plan. In 1920 there were 5,000 pictures taken.

The roentgenologist's report on each patient is written on a printed form which becomes part of the case record; a duplicate is made for each case which is filed in the radiographic laboratory.



FACULTY ROOM WHERE STAFF MEETS

The present pathological laboratory is somewhat crowded and the hospital management hopes to be able to transfer this department to larger and more efficient quarters soon. It is equipped, however, to do all routine and special work in laboratory diagnosis including all chemical and clinical pathology and all serological and bacteriological work.

This department is under the supervision of Dr. M. M. Patton, a competent pathologist, assisted by a technician, an intern, and a student nurse. The use of the laboratory is free to the patient, and the doctors are invited to take advantage of it for the needs of each one.



THE HISTORY ROOM

The laboratory work has increased remarkably within the last year, making it absolutely necessary to secure more spacious apartments as soon as possible.

The record room was established in 1919, when the first effort was put forth in the institutions of the northwest to standardize hospitals according to the requirements of the American College of Surgeons.

At that time the forms of the College were adopted and an earnest attempt was made to make these records complete; like all new things, the system met with a great deal of opposition, both open and concealed, but gradually co-operation was obtained and today, while there is still much room for improvement, the record department of the Sacred Heart Hospital is one of the busiest departments in the institution.

The initiation of the patient's record occurs at the time of admittance. To the chart is appended the form sheets consisting of:

(a)—A history form, which is a modified form of the one sent out by the College of Surgeons. The original form occupied the space of two pages, this one requires but one page. The spaces are smaller thus making it possible to condense the matter and place it on one form. This form calls for the family history, the past history, the chief complaint and physical findings, and the working and final diagnosis in each case.

(b)—The progress form shows the complete record of the physical examinations and impressions of the attending physician and the nurse; changes in diagnosis, if any, consultations and a definite statement explaining the condition of the patient on discharge.

(c)—The physician's order blank follows; upon which the doctor is required to write all his orders and prescriptions, that the entire treatment may be filed with the other information connected with the patient while he is in the hospital.

(d)—The nurse's daily record completes the set put up for each patient when he enters, until the

routine work is done, and special forms for laboratory, X-Ray or surgical reports are attached, as the case may be.

In addition to the completion of the forms given above the hospital authorities have adopted the following requirements:

(1)—The records of each patient shall be taken to the operating room with the patient.

(2)—Each operator shall be required to inscribe upon the operative record, the preoperative diagnosis, before the operation.

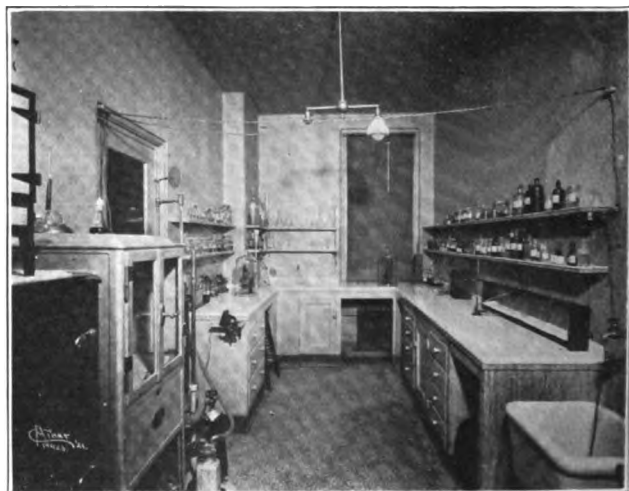
(3)—The operator shall write or dictate the operative findings during the operation or immediately after.

The record-keeper is instructed to notify the attending physician to correct or complete his records at any time that she may find them wanting in necessary detail.

The record department is still in the process of growth, but it is the ambition of the management and all concerned to compile complete, presentable, uniform records; thus to make this department a valuable assistant to the doctor in the care of his patient.

An open hospital, such as the Sacred Heart, with so few interns and an attending staff of very busy men naturally offers more difficulty in securing complete records, than does the closed hospital when the staff is relatively small and co-operation is more readily gained. The response at the present time, however, from the large number of physicians referring patients to the Sacred Heart Hospital is such that there is every reason for encouragement.

A summary of the month's proceedings: deaths, infections, discharges, improved and unimproved, and other items of interest is prepared by the record-keeper and this is read to the staff by the advisor to the record department, who is a medical man. After reading, the material presented is discussed freely by the members present. If a question



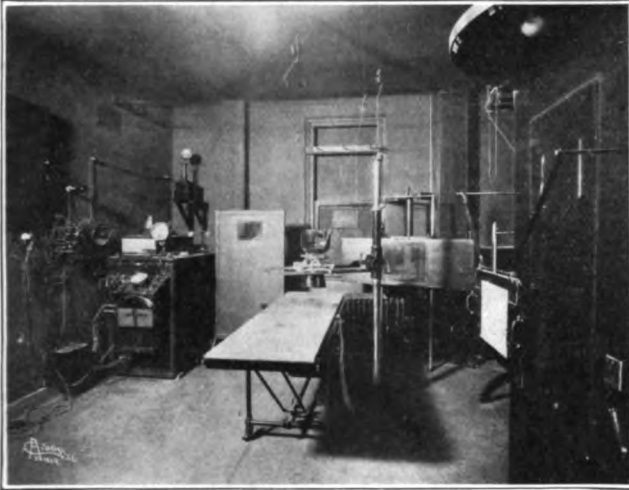
THE LABORATORY

arises about any case the summary of the case is read. This summary gives the condition of the patient when he entered; the treatment he received; the result of such treatment, and all other information to make the case clear.

The medical staff of the Sacred Heart Hospital consists of a large group of doctors who meet at the hospital once a month to discuss cases and review medical literature. Many interesting cases have been discussed thus far which proved very

beneficial to the hearers. This organization elected from among themselves an executive committee of seven men who govern the work done in the hospital, and a program committee of three men who furnishes interesting and instructive material for the staff meetings. Apart from the above committees there is also an advisor to the record department who is appointed by the management and selected from this group.

The Sacred Heart Hospital Training School for Nurses was established in the year 1899. It has



ONE OF THE X-RAY ROOMS

been in constant operation since its organization; even during the late shortage in the number of nurses throughout the country this school had its quota of applicants. There are at present over 80 student nurses in the school and a waiting list.

With a view to increasing the efficiency and making the school a model in nursing education the management plans erecting a home which will be given over to the school of nursing, in which every modern improvement in the proper housing and the educating of the nurse will be found.

The school is under the supervision of a qualified sister superintendent, a competent instructor and several attendants.

The author of this paper is not a resident of Spokane, but sometimes the stranger passing through a place from time to time will feel its significance and its distinctions more keenly than another to whom familiarity will have blurred the changes that have taken place.

The Sacred Heart organization as it exists today impresses the writer with the fact that every detail of it has grown out of need of the patient. It makes for intelligence on the part of all working in the hospital; it speaks of earnestness, good will and the spirit of co-operation on the part of the various departments. It reached down into the mind and character of the medical profession; it includes the nurse and calls upon the hospital management to secure for the patient the very best service.

Dr. Corwin Gets Busy

Although the National Hospital Day committee did not receive the acceptance of Dr. R. W. Corwin, Minnequa Hospital, Pueblo, until the latter part of April, Dr. Corwin achieved remarkable results, principally through a great deal of labor in sending special communications regarding National Hospital Day to all the hospitals and to public officials and various associations.

Minnesota Dietitians Active

Many New Names Added to Roster of Gopher State Association; Miss Peterson Is Chairman

By Margaret S. Drew, Corresponding Secretary, Minnesota State Dietetic Association

Members admitted to the Minnesota State Dietetic Association recently include:

Mrs. J. H. Martin, Miss Florence Overpeck, Miss Nell Dahl, all of Charles T. Miller Hospital, St. Paul.

Miss Dorothea Olney, St. Paul City and County Hospital, St. Paul.

Miss Janet Marson, Miss Katherine Babcock, U. S. Public Health Service Hospital No. 68, Minneapolis.

Miss Laura Curfman, Minneapolis General Hospital.

Miss May Foley, Stanley Hospital, Rochester.

Mrs. Martin is from the University Hospital, Iowa City, Iowa. Miss Overpeck and Miss Dahl are Mrs. Martin's assistants and both received their student dietitian training at the University Hospital, Minneapolis. Miss Olney, before coming to St. Paul, was a dietitian at Independence, Iowa.

Miss Marson has been with U. S. Public Health Service hospitals in Iowa and in Dansville, N. Y., and is a former member of the Philadelphia Dietetic Association. Miss Babcock, assistant to Miss Marson, was a student dietitian at Minneapolis General Hospital.

Miss Curfman, after completing the student dietitian course at Minneapolis General Hospital, was appointed assistant dietitian of the same hospital.

Miss May Foley came to Rochester from the Massachusetts General Hospital, Boston.

Members of the association who have changed positions include Miss Martha Kimball, dietitian, St. Barnabas Hospital, Minneapolis, who has become dietitian at Minneapolis General.

Meetings of the Minnesota Association are held monthly from October to June at hospitals in St. Paul or Minneapolis.

At the April meeting at Swedish Hospital, Minneapolis, the principal talk was by Miss Nola Treat, in charge of the institutional management course at the University of Minnesota on "Advantages and Disadvantages of the Cafeteria Form of Service for Hospitals."

The May meeting is planned for the City and County Hospital, St. Paul, with a talk by Dr. John A. Lepak of St. Paul on "Dietetic Treatment in Diabetes."

Minnesota State Dietetic Association officers are: Chairman, Miss Marion Peterson, Swedish Hospital, Minneapolis.

Vice Chairman, Miss Gertrude Thomas, University Hospital, Minneapolis.

Treasurer, Miss Lena Knutson, Fairview Hospital, Minneapolis.

Secretary, Miss Rhobie Sargent, St. Luke's Hospital, St. Paul.

Corresponding Secretary, Miss Margaret Drew, N. P. B. A. Hospital, Brainerd.

Day Helps Proposed Nurses' Home

L. M. Justice, superintendent, Owensboro, Ky., City Hospital, utilized National Hospital Day to arouse interest in a new nurses' home for the institution.

\$4.32 per Capita in 100,000 Community

How Ellis Hospital Induced the People of Schenectady, N. Y., to Oversubscribe in a Campaign for \$390,000

By F. C. Pratt, President, Ellis Hospital Association, Schenectady, N. Y.



A VIEW OF ELLIS HOSPITAL, SCHENECTADY, N. Y.

During the summer of 1920, the board of directors of the Ellis Hospital, Schenectady, N. Y., found that their facilities were inadequate to meet the constantly growing demands of the community.

A thorough investigation of the situation, followed by carefully prepared estimates by various experts, made it evident that about \$390,000, should be expended in new buildings and improvements of various kinds. Inasmuch as the hospital has an endowment of less than \$100,000 the money necessary to complete the improvements had to be secured by subscriptions on the part of the general public.

The community served by the Ellis Hospital has a population of a little over 100,000, this being its only hospital. The community is not considered a wealthy one—a very large part of the population depending for its living upon two large industries—the General Electric Company, and the American Locomotive Company, and a dozen or so small industries.

For various reasons, it was decided that the only available time for the campaign was the period from November 15 to 23 inclusive. The Directors authorized the campaign the latter part of September—the president of the Hospital Association taking the chairmanship of the campaign committee and A. W. Clark, who had conducted various war drives in Schenectady, becoming campaign manager. A publicity committee was organized under the direction of F. H. Gale, advertising manager of the General Electric Company.

The plan of the campaign was carefully prepared in advance, the various committees for raising the funds were quietly brought together, and their responsibilities outlined. No information was published indicating that a drive for hospital funds was under way, but for a period of six weeks previous to the date set for the drive, the daily newspapers were supplied with illustrated articles describing the hospital in its various departments, and general news connected with the activities of the hospital. In these articles, wherever present facilities were inadequate, this fact was pointed out. In no instance

was anything published reflecting on the previous management of the hospital in any way, but a great deal was said about the needs of the hospital to meet the demands of the community.

The first public announcement of the "drive" came on the morning of Wednesday, November 10, when, throughout the town, there appeared red cards 5 inches by 9 inches containing the word **HELP** in white letters. These were put up during the night, and every automobile parked in any public place was decorated with one of these cards. In the morning paper the word **HELP** appeared in bold type on every page. The Wednesday evening paper contained advertisements reading **HELP YOUR HOSPITAL** and its news columns carried a complete announcement of the campaign, stating that \$350,000 was to be raised by subscriptions from November 15th to 23d inclusive.

Thursday morning papers contained further announcements of the campaign, with lists of committees, etc. At the same time the billboards and street cars were decorated with the campaign poster which was drawn by a local artist, and posed for by a local girl. These latter facts further aided in the publicity. Thursday evening a monster parade in celebration of Armistice Day took place, and one of the most attractive features was the hospital float, followed by four nurses who had been in army service during the war, carrying the American flag, and followed by the hospital ambulance. This hospital float was prepared in advance, and photographed so that the following morning the newspapers carried illustrations of the hospital's part in the parade, this being in fact the only illustration available for use in the report of the parade. Thus this celebration was actually capitalized for the hospital drive.

On Sunday the clergymen of the city spoke to their congregations on the subject of the hospital, and their remarks were published by the newspapers on Monday morning. Parallel with this newspaper publicity the motion picture houses of the city—16 in number—materially assisted by running once at every performance, a short film pre-

pared by C. F. Bateholts, manager of the photograph department of the General Electric Company. This film, in itself, was an unusually attractive picture of the various hospital departments, and showed where improvements were needed, and for what the new fund was to be expended. This film closed with an appeal by the young lady who had acted as a model for the poster.

In addition to the film mentioned above, a short section was taken from the film by Douglas Fairbanks, entitled "Mr. Fix-it," incident to an accident to a child's doll, and its subsequent treatment at a hospital, this being announced as Mr. Fairbank's contribution to the hospital campaign at Schenectady.

In the meantime there had been organized a "Committee of Two Thousand" which included a Merchants' Committee, Women's, and an Industrial Committee composed of representatives of each industry in the community, a "Committee of One Thousand" in the plant of the General Electric Company, a "Committee of Three Hundred" in the plant of the American Locomotive Works, a "County Committee" representing outlying districts, and other similar committees.

On Monday, the chairmen of all committees met at luncheon to receive instructions and working material, although much of the latter had already been distributed. At this meeting advance subscriptions amounting to about \$55,000 were reported. These meetings were repeated each noon with one or two exceptions during the campaign, and enthusiasm ran high as the various captains brought in their returns. Each day the local newspapers carried liberal advertisements on the campaign, their news columns gave full details of the news of the campaign, and their editors treated it in their editorial columns.

The advertising campaign was carried into the homes in a decidedly novel manner on the opening day of the house to house canvass, and every milk bottle delivered had, above the regulation cap, another cap, red in color, across which was printed—HELP YOUR HOSPITAL. Approximately 80,000 of these caps were distributed, the distribution extending through part of three days. This was another instance of the co-operation readily given the undertaking, the milk dealers willingly assuming the extra work.

The general publicity of the campaign centered around the slogan—HELP YOUR HOSPITAL.

Small posters were supplied to the merchants for their windows, some of these carrying reproductions of interesting photographs taken at the hospital.

No sooner was the campaign started than opposition to subscribing was discovered, and it was found that stories derogatory to the conduct of the hospital were being circulated. These rumors were promptly investigated. The condition of the public mind thus disclosed appeared to be so menacing to the success of the campaign, that advertisements dealing with these rumors were prepared and published in the papers and widely circulated in the form of posters. This was one of the unique features of the publicity campaign.

On November 18, the hospital drive started in the big plants of the General Electric Company, and the American Locomotive Works, and by evening the committee from the locomotive works reported employees' subscriptions amounting to \$47,549. At this point it should be mentioned that the industries of the community adopted for this campaign what is known as the "Deduction from Salary Plan" whereby an employe subscribing to the fund authorized his employer to deduct his subscription from his wages at a certain rate per week.

On Thursday morning the Women's Committee began its house-to-house canvass, and on Sunday the churches in the community took up a special collection for the hospital fund.

At the Friday committee meeting enthusiasm ran especially high when early in the reports the amount of pledges passed the \$350,000 objective. From that time on it was a question of keeping the ball rolling to pile up enough really to meet the amount which the hospital needed—that is, \$390,000 at least.

On the following Tuesday night, the chairmen of all committees, and their principal lieutenants, met at dinner with final reports. The total amount was \$432,000, through subscription. This amount did not include any individual subscriptions in excess of \$2,000, and only a few in excess of \$250. However, the General Electric Company contributed as a corporation, \$100,000, and the American Locomotive Company contributed \$50,000. Employees of the General Electric Company gave \$130,302, the number of employees subscribing being 14,477, and the employees of the American Locomotive Company contributed \$58,832.60, the number of employees subscribing being about 4,500, or approximately 100 per cent of the entire number employed.



HOW THE AUTO TRUCK HELPED AROUSE INTEREST

Broadly speaking, the success of this campaign is attributable to a thorough organization of committees, the use of the deduction from pay plan, and the elaborate and thoroughly carried out publicity and advertising program.

Throughout the campaign the directors of the hospital, as well as the hospital superintendent, Miss Louise C. Arnold and superintendent of nurses, Miss Mary G. McPherson, were untiring in their activities, which provided a valuable stimulus for the other workers in the campaign.

Following is a summary of the principal features, and the expense of the campaign.

Preliminary publicity campaign, from October 9 to close of formal active campaign Nov. 23.

Actual, active campaign, nine days—Nov. 15-23 inclusive.

Amount reported at close of campaign—\$432,375.64.

Supplementary report (Jan. 19) \$3,416.10

Total (list not closed) \$435,791.74

Number of individual contributors, approximately 24,000.

Contributions by industrial corporations, \$158,000.

Average of contributions, exclusive of industrial corporations, approximately \$11.50.

Expenses of Campaign:

Advertising	\$1,753.74
Meetings	1,020.25
Moving Picture	642.40
Miscellaneous	306.36
Supplies and Printing	1,077.06

Total\$4,809.81

Ratio of total expense to amount raised, approximately 1.1 per cent.

Newspaper space, gratis, given to publicity and news. Dailies, 1,883 inches—practically 90 columns, or over 10 pages. Weeklies, 132 inches. Number of cuts used, 36. Newspaper advertising space—Dailies 1,632 inches, display slogans, 128 inches, total 1,761 inches. Weeklies 455.

Organization—Subdivision general committee; Business Men's, 22 members; Industrial, 12; medical, 17; city (women, for house-to-house canvass) 65; church, 8; fraternal organizations, 5; publicity, 3; schools, 2; county, 5; total, 139.

Congratulations, Dr. Warner

Those who noticed Dr. A. R. Warner, executive secretary of the American Hospital Association, at the Indiana Hospital Association meeting and other gatherings in the latter part of last month saw that he was unusually preoccupied and in an unusually merry frame of mind.

The explanation came shortly after May 1 with the following announcement:

Mr. and Mrs. Frank H. Schnaitter
announce the marriage of their daughter
Gertrude Elizabeth

to
Dr. Andrew Robert Warner
on Saturday, April the Thirtieth
Nineteen hundred and twenty-one
Sandusky, O.

HOSPITAL MANAGEMENT joins Dr. Warner's host of other friends in extending congratulations and best wishes.

Buy Canned Goods Now

Requirements Up to Arrival of 1921 Pack
May Now Be Obtained at Attractive Prices

By H. R. White, Manager Canned Goods Department,
John Sexton & Co., Chicago

The canned goods market now is emerging from a condition of much unsettlement, and a normal, healthy, and stable basis is again being reached. During the last six months there has been widespread liquidation, resulting in an unprecedented fall in prices—these conditions are certainly at an end. Liquidation is now complete, confidence has been restored, the precipitate price decline has been reversed, and there is now a gradually advancing tendency.

On the whole, canned goods prices have worked down to a basis not only less than cost of manufacture, but less than the lowest possible cost of replacement the coming fall. Therefore, it is certain that there will be eventually a substantial advance over the level that obtains at present, but I do not look for an immediate sharp upturn, nor, in my estimation, is that to be desired, for the best interests of the industry.

LOW PRICES INCREASE CONSUMPTION

The low prices that now are available are of the greatest possible value for the promotion of the sale and consumption of canned goods. During the war, so much of the production was required by the government that there was a real scarcity, and consequently high prices, and in 1920 labor and material costs were on a much inflated basis, so that selling prices of canned goods were the highest known to the present generation. As a result, it is unquestionably true that during the past few years canned goods lost some of their former popularity, and were avoided to some extent by consumers, on account of expensiveness. Now, on the other hand, values are so great that buyers are encouraged to a much greater use, so that these low prices, while they have made possible only by great financial sacrifices by manufacturers and dealers, are really the most effective kind of advertising the industry could have.

The present low prices are certain to insure another result—they are bound to prevent an overproduction this coming season. This is a vital necessity, and so recognized by all packers and distributors. If the canned goods industry is to thrive, or even survive, a stable market is essential, and it is generally felt that this can be accomplished with absolute certainty only by a deliberate curtailment of pack in 1921. Consequently, those canners that still retain their financial responsibility are cutting down their output, and a large number cannot operate at all, having been forced to the wall as the result of the conditions the past season.

BUYING OF FUTURES PROFITABLE

The same arguments that made it necessary to place orders for future canned goods in 1920 have redoubled force in 1921. Last season it was imperative to place future orders in order to insure supplies of certain articles, especially in the No. 10 size, in spite of the risk in buying at the high prices which were asked. This season it is even more

(Continued on page 74)

Give Records Place in Hospital Plans

Adequate Space Should Be Provided for this Department; How Records Are Handled at Minneapolis General

By Louise S. Yost, Medical Statistician, Minneapolis General Hospital

In hospital planning adequate space should be given to the department of medical records which is of necessity, the final resting place of all material pertaining to the patients' stay in the institution. The great difficulty is that many hospitals are not of recent construction and consequently the records must be crowded into comparatively small quarters.

In the Minneapolis General Hospital this problem has been solved by having two rooms, the office record room located in the main foyer contiguous to the administration offices; the second room which is used for reference and storage purposes, being situated in a part of the building not far removed from the active office.

At present we bind our histories, but eventually we will use the envelope system. This change awaits a uniformity in size of forms. Binding however, is fairly satisfactory for we find that a large volume is not easily misplaced. The histories in their bindings are kept on book stacks and at the expiration of two years they are transferred to the record storage room which is furnished with similar stacks, desk, etc. This room is, of course, kept locked, but back records may be consulted with the assistant from the record office in attendance. The index cards for the preceding six years are kept in the office record room, for many times only dates and diagnoses are needed which information is available from the cards.

For classification purposes we use the nomenclature compiled and published by the Massachusetts General Hospital and find that two sets of cards cover all our needs. Our two by three card is the master card carrying the name, case number, dates of admission and discharge, age, service, staff and house physician's names, discharging diagnoses and discharging condition of patient. The volume and page number are written in by the medical statistician and the patient's history is therefore available at a moment's notice. Given the volume and page number the house physician can help himself from the shelves which is an item in the saving of time, especially if the statistician has little or no assistance. These master cards are filed by name alphabetically and each year's cards are filed by themselves. The diagnosis cards are five by eight and hold approximately one hundred cases. The disease name is in the upper left hand corner, the sectional and disease number in the upper right hand corner. Thus: diabetes mellitus which is classified under Section 111, diseases of metabolism, bears the numbers 3-50, the three for the section and the fifty for the number of the disease in the classification. Operative procedures are written on yellow cards, the medical cards being white. Indexing, cross-indexing and classifying are completed from day to day and at the expiration of the year the annual report needs only two or three days of typing to be in form for publication. Diagnosis cards are filed by disease number as noted above, under the forty one divisions or sections of the nomenclature.

Septicemias and toxemias are filed on separate cards as well as with the disease or causes of death which they complicate. Cards are kept for amputations, re-amputations, bone grafts, skin grafts, transfusions, radium treatments, etc.

Histories are sent to the record department the morning following the discharge of the patient and are immediately checked to ascertain if the social history, physical examination, operative and laboratory sheets are present. The operative sheet is carefully looked over for possibly a prophylactic appendix which may not be noted, and the laboratory report is checked, especially in regard to the venereal tests. All histories are uniformly arranged and the diagnoses are then written on the small or name card.

To the house physician falls the responsibility of seeing that the diagnoses made by the visiting staff are properly written in the allotted space on the head sheet of the history. The house physician also writes in the names of the chief and associate of staff, the discharging condition of the patient, and signs his own name. The statistician completes the card by the volume and page number, the diagnoses according to the nomenclature and the number of days treatment received by the patient. If there are discrepancies or omissions the house physician is called to the record room and corrects or makes the necessary additions to the history. These medical records are carefully filed primarily for the benefit of the hospital physicians and if a house physician does not co-operate to the extent of seeing that his part of the record is fully and completely written it reacts eventually on his successors, for the patient sometimes returns to the hospital and if the first history is complete in every way the case may be handled without needless annoyance to the patient, or loss of time. For this reason all histories are very carefully checked by the medical statistician.

It must be remembered that records and statistics mean that a vast amount of detail work must be accomplished. It is particularly true in this type of work that "the unexpected always happens." Much of the time is taken up with extraneous things and with sudden demands for reports of various sorts, but we must meet them all. As the medical records department is the final court of all hospital procedure it is there that errors which may seem of minor importance should be corrected. These errors or omissions often creep in where histories are passed through many departments, but on their correction may hinge much of importance, especially if the case is involved in a legal complication.

An efficient record department is one in which all legitimate questions may be answered without delay; one which endeavors to add from time to time, the data which it is found necessary to have on file in order to answer the demands made upon it by the visiting staff and others. Matter which has become obsolete may be omitted for one should take care never to stagnate.

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round



CLARENCE H. BAUM
Superintendent, Lake View Hospital, Danville, Ill.

Mr. Baum, as state chairman for National Hospital Day, had much to do with the success of the observance in Illinois. He is a progressive hospital executive who is rapidly making a name for himself. The Lake View Hospital of which Mr. Baum is superintendent, recently completed a nurses' home containing 85 rooms.

Miss Laura Lowe, a graduate of Deaconess Hospital, Indianapolis, has succeeded Miss Louise Hiatt as superintendent of the Bartholomew County Hospital at Columbus, Ind. Miss Hiatt resigned because of ill health.

Miss Florence Smith is the new superintendent of the Titusville, Pa., City Hospital. She is a graduate of the South Side Hospital, Pittsburgh.

Miss Elizabeth Williams has resigned as matron of the Martins Ferry, W. Va., City Hospital to accept a similar position at Warren.

Miss Rose Golden has succeeded Miss May Russell as head of the Jewish Hospital School for Nurses, Cincinnati. She is a graduate of Saginaw, Mich., City Hospital and completed a post graduate course at Polyclinic Hospital, New York. Miss Golden was superintendent of the Sparrow Special, Lansing, Mich., following service overseas.

Miss Rebecca Evans has succeeded Miss Lula Jane Nimmo as superintendent of nurses at the Murray Hospital, Butte, Mont.

Dr. Anton W. Oelgoets has been appointed director of medical service at the Radium Hospital, Columbus, O., and head of the laboratory. This institution is to have a 50-room addition in the near future.

Dr. Patterson has been chosen as medical superintendent of the Royal Provincial Jubilee Hospital,

Victoria, B. C., succeeding Dr. Rogers, resigned.

Miss Mabel Shutt has tendered her resignation as superintendent of the Wells County Hospital, Bluffton, Ind.

Dr. Garnett W. Quillian of Grady Hospital, Atlanta, was a speaker at the 1921 graduation exercises of the Grady Hospital Nurses' School, and presented the pins to the graduates.

Eldred Klauser, secretary of the Oconto County Hospital, Oconto, Wis.; Miss Helen Sperber, R. N., superintendent, Egeland Hospital, Sturgeon Bay, and C. B. Clark, president, Theda Clark Memorial Hospital, Neenah, Wis., are recent additions to the membership of the Wisconsin Hospital Association.

Dr. J. A. Goodson has resigned as superintendent of the Eastern State Hospital for the Insane at Lexington, Ky., effective May 31. Dr. Fred G. Larue has been transferred from the Western State Hospital at Hopkinsville to succeed Dr. Goodson. Dr. W. W. Durham, first assistant to Dr. Larue, will act as superintendent at Hopkinsville.

Miss Dorothy Williams who has been engaged in Red Cross work in Kansas City, has been elected superintendent of the new Callaway County Hospital at Fulton, Mo.

Dr. Olin S. Pettingill is superintendent of the new Essex County Tuberculosis Hospital, Beverly, Mass. He formerly was superintendent of the Western Maine Sanatorium at Hebron and previous to that was superintendent of the Rhode Island Sanatorium.

Mrs. R. G. Dougherty has established a sanitarium at Brevard, N. C., of which Mrs. J. J. Ogg is superintendent.

Drs. O. W. Clayton and M. T. Floyd have established a hospital at Fort Payne, Ala.

Dr. J. W. Carey has been appointed superintendent of the tuberculosis hospital for ex-service men at Kerrville, Tex., which eventually will have 600 beds. One unit of the institution now is being occupied. It has facilities for 66 patients.

Miss Adah Strayer has been appointed superintendent of the new Wabash County Hospital at Wabash, Ind.

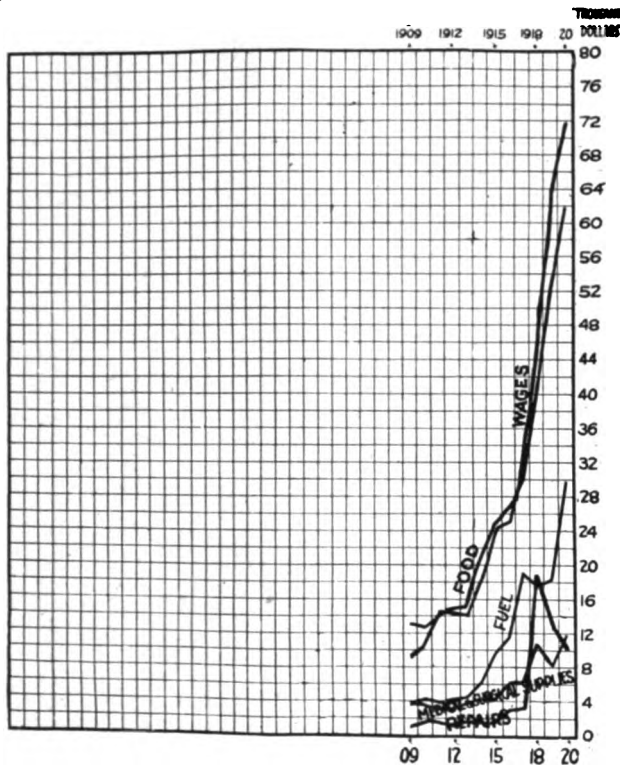
S. Chester Fazio has accepted the position of superintendent of the Volunteer Hospital, New York City. Mr. Fazio formerly was with the United States Public Health Service and later efficiency man in the Charles B. Towne Hospital, New York City.

Miss Ida Washburne, since 1907 superintendent of the Eastern Maine General Hospital, tendered her resignation in June, 1920, to take effect in June, 1921. Miss Washburne was graduated from the Training School of the Boston City Hospital and was for several years in charge of the south department, which important position she resigned to take charge at the Eastern Maine General in 1907. During Miss Washburne's administration at the Eastern Maine General the institution developed from a hospital of 50 to one with 120 beds and with a daily average in one recent year of 114 patients. During this time, also, a number of important departments have been developed and have been included permanently as parts of the work and the hospital has been placed upon the list of approved hospitals of the American College of Surgeons.

THE HOSPITAL ROUND TABLE

An Effective Use of Charts

The value of charts in emphasizing various phases of hospital service and expenses has been commented on in these columns frequently. The accompanying illustration, an example of the force with which graphs drive home points, is from the annual report of the Hamot Hospital, Erie, Pa. It shows clearly that food and wages are by far the most important greatest sources of expense to the institution, with



AN EFFECTIVE USE OF CHART IN ANNUAL REPORT

fuel next and medical and surgical supplies a comparatively minor item. The routine tabulation of these facts would not be nearly as impressive as the chart. Other effective charts in the same report deal with earnings and expenses, and religion and nativity of patients, paid and free treatments, and hospital days of the institution since its establishment.

Cleaning Marble

A correspondent of *Building Management*, Chicago, makes the following suggestions for cleaning marble:

"Make a paste with finely powdered pumice stone and verjuice and allow it to stand a few hours. Then rub it over the marble and allow to dry before washing off. It may be possible that washing the floor with sal-soda will accomplish the same purpose. Iron rust is removed by using lemon juice which is washed up and rinsed well. Another method to clean and remove discolorations from white marble is to use the following solution and allow it to dry on the marble, then washing off with hot water and a little salts of lemon and polishing with a soft flannel. Mix together one part of powdered bluing, two parts of powdered whiting and half a pint of strained soap suds. Heat to the boiling point before applying."

How to Clean Steel Knives

The following bulletin issued by the American Cutlery Bureau of Information, New York, regarding the cleaning of steel knives, is of special interest to hospitals:

"All tarnishing of steel knives can be avoided if the knives are cleaned immediately after use. The chemical action of the acids which causes tarnishing requires a certain time to accomplish its purpose, and the quicker it is interrupted the better it is for the future use of the knife. Do not leave steel knives lying uncleaned overnight. Rinse the blade carefully in hot water after use and wipe it dry with a clean cloth. This will destroy the acids.

"If there is time polish the blade with a fine powder polish. The polish upon the blade of a good steel knife is produced by very rapid friction, which makes the surface of the blade absolutely smooth until it shines as does the polish on high-class furniture or glass. Acids destroy the smoothness of the surface and eat not only into the polish, but create small indentures in which material will decompose and help to make the tarnishing of the blade permanent.

"An ordinary bottle cork and some fine polishing powder rubbed on the surface will not only remove all the uncleanness from the blade, but also renew the polish which is its natural protector. Before polishing rinse the blade thoroughly with warm water and dry it. After polishing a renewed rinsing and careful drying will remove the remains of the polishing powder."

Getting Rid of Vermin

Bedbugs are easily gotten rid of, says a recent publication of the U. S. Public Health Service, by exposing them to extremes of temperature. Cold as low as 17° F. above zero or as high as 100° F. above, if continued for two or three days, will destroy them.

An Unexpected Result of the Day

"I can see a good coming to the hospitals of Colorado which I had not foreseen," writes Pliny O. Clark, a member of the Hospital Day Committee, to *HOSPITAL MANAGEMENT*, "namely, that the executives themselves will come to appreciate the value of their work in the community, will have a higher estimate of themselves and consequently will assume a greater responsibility. One superintendent telephoned me, asking if I thought it her duty to take up plans for the Day or whether she should refer it to some committee or her Board. I told her most decidedly I considered it her duty to initiate everything which should be done for her hospital and to see that the work was steered in the right direction. Consequently, she is very much encouraged and feels she has something to do other than open and close the front door."

What Was Done in Indiana

Besides appointing a large committee with representatives of all organizations interested in public welfare, Robert E. Neff, R. W. Long Hospital, Indianapolis, Indiana, chairman, sent numerous notices to all hospitals of twenty-five beds or more and enlisted the publicity bureaus of various state associations. At the organization meeting of the Indiana Hospital Association at Lafayette the effect of Mr. Neff's efforts were noticeable and all of the superintendents were enthusiastic about National Hospital Day.

Hospital Management

Published in the interest of Executives in Every Department of Hospital Work

Published on the fifteenth of every month by the

CRAIN PUBLISHING COMPANY

INCORPORATED

537 S. Dearborn Street, Chicago

Telephones Harrison 1333 and Harrison 1347.

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SUBSCRIPTION PRICE : : : : \$2.00 PER YEAR

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VOL. XI

MAY, 1921

No. 5

Our Platform

1. *Better service for patients.*
2. *Hospital facilities for every citizen.*
3. *Adequate training for hospital executives and staffs.*
4. *Education of the public to its responsibility and duty toward hospitals.*

The First National Hospital Day

From Saskatchewan to Florida, from Maine to Oregon, National Hospital Day, originated by HOSPITAL MANAGEMENT, was celebrated May 12. An international observance within less than two months after the movement was started indicates how great was the need of a better understanding between the hospitals and the public.

Every hospital officer, staff member and executive whose effort combined to make the first National Hospital Day an unprecedented success has the satisfaction of knowing he or she was a pioneer in a movement that will have a most powerful effect in developing better appreciation of hospital service throughout the continent, and is tendered the cordial thanks of HOSPITAL MANAGEMENT. The vast amount of time

and thought and money spent on National Hospital Day by these pioneers, working in all parts of America, was a source of inspiration to the national committeemen and moved them to greater efforts, just as their work brought tangible results among the hospitals of their section.

There never was such an organization in the hospital field before and never was as much accomplished for better public relations in such a short time. The many valuable suggestions from state chairmen and others had much to do with the success of the first National Hospital Day, and although the 1922 event is nearly twelve months away, the executive secretary of the National Hospital Day Committee hopes that chairmen and committeemen will keep in touch with the office at 537 South Dearborn street and forward suggestions from time to time for use next year.

Now that National Hospital Day has given newspapers, religious leaders, professional and business men, club women and others a better idea of the scope of hospital service, the entire community will take more interest in its institutions and will listen with more sympathy to their requests for assistance as the hospital needs of the people expand.

A number of hospitals already are counting on benefiting from the interest aroused by National Hospital Day to carry on campaigns for funds for badly needed equipment or buildings. These campaigns had been indefinitely deferred, in some cases, because of the indifference of the community. Those hospitals that put most effort into their program for National Hospital Day now can reap the greatest benefit from the keen interest aroused among their people.

Hospitals which did not participate in the first National Hospital Day or which, due to the shortness of the period of preparation, did not participate as fully as possible, should begin now to think about 1922 and send their names to the executive secretary of the National Hospital Day Committee in the near future so that they may benefit by an early start on the 1922 program.

Expensive Fads in Hospital Buildings

One of the most interesting articles in this issue of HOSPITAL MANAGEMENT is the paper by Mr. Cox on hospital construction. It has been pronounced by some of the best known superintendents in America to be a most practical discussion of the subject and the facts and suggestions it contains are of value to superintendents, board members and all others connected with a hospital.

One of the most valuable pointers is that relative to the practice of hospital boards making hasty examinations of various institutions for the purpose of getting ideas for a new building or addition and the warning against the copying of "fads." There is

hardly a hospital building in existence that does not have some costly and inconvenient or wholly useless piece of equipment or other monument as a constant reminder of the folly of its representatives who rashly incorporated some untried idea or other innovation in the building.

The paper of Mr. Cox contains many other equally valuable suggestions and it should be studied with close attention by all connected with hospitals whether plans for a new building are being considered now or for the future.

The Trouble with Your Own Hospital

No progressive hospital is ever satisfied with itself, but is constantly striving for improvement and welcomes suggestions that will tend to correct faults or speed up efficiency. Consequently, every superintendent, board member or other person connected with hospitals will be interested in an article in June *HOSPITAL MANAGEMENT* by CORNELIUS S. LODER, hospital consultant, in which he lists 150 "handicaps" by which service is impaired, inefficiency increased and waste and loss of time and labor promoted.

These handicaps are the result of years of study of hospital organization and the chances are that your own hospital is being hindered by a score or more of the faults detailed. There probably are 1,000 reasons why hospitals are prevented from attaining maximum power, says Mr. LODER, and the 150 are some of the more familiar conditions.

The best part about the hindrances, however, is that although many of them are vital to the success of the hospital, every one can be corrected by just a little thought and effort.

You will not want to miss this article.

Developing the Employee Health Service

In an article in the Industrial Department of this issue, Miss FORT of the Maryland Casualty Company details in interesting fashion the development of the employes' health service of that organization and conveys a good idea of the possibilities of such a service in business and industry.

From merely a sort of side issue, with its principal work the treatment of minor injuries and illness, Miss FORT's department now supervises the lunch-room, the employment department, social activities of employes, and sanitation, visits sick employes and conducts a library.

Of course, the type of employe, the kind of business and other factors peculiar to the company have had much to do with the expansion of this health service, but the present instance shows what such a department can do and how it can be made a most important factor in an organization.

There is no set formula for the expansion of the health service of a company, but this thought, from

Miss FORT's article, will bring success to such departments generally:

"Our main idea is to help the employes keep their bodies healthy and their minds free from worry, to sympathize with them and to help them in their sorrow, thereby assuring the company of the closest and most loyal co-operation."

Why Is a Hospital Director?

A young woman, superintendent of a small middle western hospital, recently learned a lesson that is well worth passing to other hospital executives, especially nurse superintendents who are timid in going to the directors of their institution whenever occasion demands.

This superintendent was not exactly satisfied with some little detail of administration, but she hesitated to bring this matter to the attention of Mr. Blank, president of the hospital, who also was president of a bank and a very busy man. Fortunately, while worrying over the affair, the superintendent encountered a friend, who was accustomed to "direct action" and whose success in the business world was above the average.

A few questions informed the friend of the relation of the board to the operation of the hospital and she was quick to advise the superintendent that Mr. Blank would be very glad, indeed, to learn of the incident that was disturbing the efficiency of the institution.

"From what you say," continued the friend, "the directors are the governing body of the hospital and therefore responsible for its service and work. You are the active representative of the board and it is your duty to bring to the attention of the directors anything that you think they should know. Go and see Mr. Blank today."

The superintendent decided to take this advice, although she felt that Mr. Blank would hardly have time to listen to her.

Of course, the friend was right, and the busy bank president not only listened attentively, but took immediate steps to rectify matters, and told the superintendent to call on him any time he could be of service.

This story is repeated in the hope that others who feel that apparently trivial hospital matters will not receive attention, will not let their timidity prevent their going to the directors whenever necessary. The average hospital officer would not accept his position unless he has a real interest in the institution and he will be glad to be called on for advice and assistance.

In the past there may have been instances where membership on hospital boards was sought for various reasons other than a desire to be of service, but the present day hospital director considers himself a partner in the organization and expects to be called on to do his part in promoting the development of the institution.

INDUSTRIAL DEPARTMENT

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Plant Has 24-Hour Medical Service

Newport Company, Milwaukee, Has Three Full Time Nurses
Working in Shifts to Care for Injured Employees

Twenty-four hour medical service, every day in the year, is furnished the employees of the Newport Company, which has general offices at Milwaukee, and plants at Carrollville, Mayville and other surrounding towns and elsewhere. The Carrollville first aid hospital, located in the plant that is fourteen miles from the main hospital in Milwaukee.

The Carrollville medical department is completely equipped with one bed. An automobile ambulance is an important feature of the medical service as it is used to convey seriously injured employees to the main department.

C. A. Hanson, of the Carrollville Works, thus describes the medical service there:

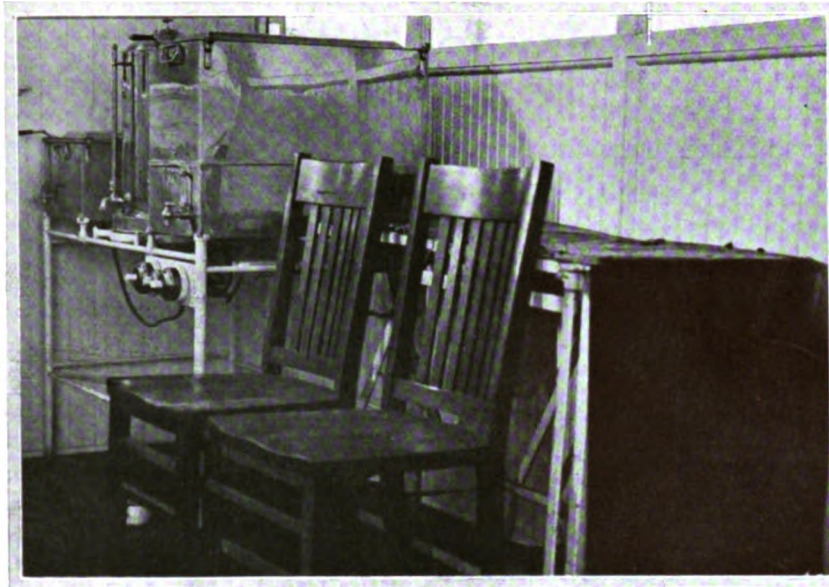
"At our plant in Carrollville, we have a completely equipped First Aid Hospital with one bed. We also have a Packard ambulance for transporting patients from the plant to our hospital in the city of Milwau-

kee, a distance of fourteen miles. Our hospital, besides being equipped with all the surgical instruments necessary to perform minor operations, has a complete line of drugs and medicines which are dispensed to our employees without cost. Our hospital has three full-time nurses who operate on shifts, alternating every two weeks. This gives us 24-hour service every day in the year. We also have two visiting nurses who have individual cars at their disposal—these girls do welfare work, and follow up all absentees.

"Our hospital is a one-story structure, having five separate rooms—an operating room, examination room, drug room, office and reception room. Our records are kept by an office force consisting of two people. We have two medical men whose services are at our disposal at any time during the day or night. All employees in our service must undergo a physical examination. When our plant is operating at full force we have in the neighborhood of 2,000 employees.



TYPICAL EQUIPMENT, NEWPORT COMPANY HOSPITAL



VIEW OF THE TREATMENT ROOM, NEWPORT COMPANY HOSPITAL

"During the past year 6,000 treatments were given at the hospital.

"At the present time we are conducting pathological experiments in our plant to ascertain the effect the different dyes and chemicals have on the human system."

The following is a recent report from the hospital at Mayville:

Company Dressings	83
Home Dressings	11
Medical Treatments	46
Accidents with loss of time	9
Nurse's Home Calls	10

The number of treatments in the first aid room was 136. Of these, 49 were accidents, 10 of these requiring treatment from the doctor. The nurse made 18 calls at the homes of employes.

The following table gives a list of the number of accidents and their causes:

Burns	5
Lacerations	20
Abrasions	5
Contusions	15
Dirt in eyes	2
Slivers	2

Sickness Among Steel Workers

Statistics of sickness lasting for one week or more among the members of the sick-benefit association of a large Pennsylvania steel company for the two years ending July last, as compiled by D. K. Brundage for the U. S. Public Health Service, show somewhat surprising results. Respiratory disease, such as influenza, grippe and pneumonia account for 50 per cent of all cases; and bronchitis, pleurisy and tuberculosis add 11 per cent more. Rupture and infection together account for 4 per cent, not including occupational infected wounds. General debility, which applies to men no longer able to work in the mills, accounts for 1.5 per cent; the average age of these men was 68 and their employment had lasted an average of 40 years. In duration for which sick benefits were paid, the diseases (excluding general debility) ranked as follows: rheumatism, appendicitis, tuberculosis, typhoid fever, intestinal diseases, nervous prostration, kidney disease, heart disease, sore eyes, etc.

Industrial Nurses Meet

The monthly meeting of the New England Industrial Nurses Association was held May 14 at No. 3 Joy street, Boston. The speaker was Dr. John B. Hawes, president of the Boston Tuberculosis Association. Dr. Hawes for some years has been consulting physician of the tuberculosis clinic of the Massachusetts General Hospital, and has written several books on tuberculosis.



A GLIMPSE OF THE DRUG ROOM

Winning Employees to Physical Tests

Workers' Magazine Used by Milwaukee Coke and Gas Company to Emphasize the Advantages of Regular Examinations

By A. L. Curtin, M. D., Surgeon, Milwaukee Coke and Gas Company, Milwaukee, Wis.

[Editor's Note: The following article is from "The Conveyor," the employes' magazine of the Milwaukee Coke and Gas Company and affiliated organizations and is of interest to those engaged in employe health service as an example of how the medical department of a company can answer objections of workers to physical examinations.]

Within the past few years physical examination of all applicants for employment has become routine in some of the largest and best industrial plants in the country. And the wisdom of such procedure has come from years and years of experience with men of all classes and kinds, harboring all states of health, from the perfect to the almost moribund, taking in all grades of men from the highly trained and specialized engineer to the day laborer. It is impractical to draw any line of demarcation as to who shall or shall not be examined, this is class distinction and only breeds discontent among the entire force, consequently it is better to examine all seeking employment.

Some plants have made it optional with their help to be examined or not as they see fit. Others make it mandatory and no possibility of escape. The better course is forcefully and rationally to request all to be examined. This half-way course would practically make it impossible for anyone to refuse. If an organization carries health insurance or has a complete welfare department, then it is the duty of the company officials and of those in charge of the welfare benefit department, to see to it that all applicants for employment who will later have the privilege of sharing in the aid of society be carefully examined. It is merely a self protection for the company organization and the welfare department but especially the latter. You can well imagine what would happen to the treasury of the aid society, if taken advantage of by unscrupulous individuals, who could join it having a chronic disabling condition or disease and in a few weeks be placed on the sick list, there to remain until the funds are exhausted or they depart to another land.

The company wants to know the state of health of its employes before going to work. It is a protection to them and to the rest of their workmen. A healthy, efficient, satisfied, non-changing working force is the best investment any company possesses. It is capital stock that is always above par value and is not influenced by market fluctuations or conditions of the times, and just so do we find the unhealthy, unsanitary force the poorest investment and in fact a liability to the company. The welfare department must know the health of all eligible members so why not kill two birds with one stone? If one is in condition to work or to do graded work then also he is, with reservations, eligible to membership in the benefit association or for health insurance.

The men seeking employment have often voiced opposition to examinations and in many cases without foundation. Many of the complaints are labeled and handed down as union made; they do not come

from the men themselves. In voicing opposition the men complain they are being discriminated against and not given a chance to make a fair living. They are taught to believe that they are submitting to an ordeal which is corporation in origin and autocratic in more than one way. They possibly think that the company is trying to pry into their private lives, that the examination is purely for the company's protection and to discharge anyone who is not found physically perfect. But if they would only stop and think, they gain far more than the company. If a man seeks hard labor and in the course of the examination for the same labor he is found physically unfit to do it, is it not better that he be told so and to take some lighter and different work than to let him go ahead without examination, secure hard labor and thereby undermine his health, and materially shorten his life?

Examinations should not be and at the Milwaukee Coke & Gas Co. are not made for the purpose of discharge unless it be in rare cases. They are primarily for classification, not to make the man fit the job, but make the man and the job fit one another. It would appear to me that if I were seeking employment and could get a fairly good physical exam before doing so, and if in the course of same, some defects were found which disqualified me, but could be corrected, I would be more than pleased to possess this knowledge. We examine men, find their defects, classify them to labor to suit their physical state. We will in turn advise what should be done with reference to their trouble, if it is within our power we will correct the same or send them where they can be corrected. If their condition is such that there is no position that they desire at which we feel of their health and safety, it is far better for them that they be refused employment which is dangerous to their health and to the well-being of their fellow workmen, and at all times a potential risk to the company. They are a menace to their fellow workmen when holding a job which is out of proportion to their physical state.

For example, let us take the case of a mason or carpenter who is required to ascend to great heights, work in tight places and be very exact in judging size of articles, distance, etc. A physical examination of such a workman will be of benefit to himself, his fellow workers and his employers if it would show that this mason or carpenter has a high blood pressure, since such would indicate periods of dizziness and sinking spells. Were it not for this examination the man might be employed and seized on the scaffold, fall and carry down others with him. The injury or death of himself and his fellow workers would mean a great deal of suffering for the dependent families and unnecessary expense on the company.

With an examination this condition would be detected. This does not mean that he would be refused employment, for he would be given work

THE NAME "MEINECKE" ON MAROON SHEETING

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MATTRESS PROTECTION

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SHEETING ECONOMY



THE name "MEINECKE" stamped on the edge of Maroon Rubber Sheeting is for *YOUR* protection as well as ours.

It protects you against *substitutes*.

There are probably from one dozen to twenty different kinds of Maroon Sheeting on the market—some good, some indifferent, and many of them bad.

But only a seasoned rubber expert could tell the difference by inspecting and feeling them.

Very few Hospital Superintendents are rubber experts; it is not their business. The only way the average Superintendent can tell good Maroon Sheeting from bad is by actual test. If the sheeting wears all right, well and good; if it gives out in a few months and in addition ruins your expensive mattresses, your Hospital is poorer in pocket and you are richer only in experience.

But why take the risk?

In buying the original which is branded with the name "MEINECKE" you are buying a standardized product that has stood the test for upwards of twenty years and has back of it the recommendations of hundreds of satisfied Hospital Superintendents, many of them controlling the largest institutions in the country.

It is no economy to save a few cents per yard on Rubber Sheet- ing, because Rubber Sheeting cannot be satisfactorily bought on a price basis.

Avoid Rubber Sheeting troubles; order direct from us; then you get the Original and not an Imitation.

MEINECKE & CO., NEW YORK

on the ground or at very low heights, safe for himself and others. Many such examples could be cited, each one similar, each one a reality and not a supposition.

Men should be examined when starting to work and regularly thereafter, quarterly, semi-annually or annually, depending upon the hazards of their occupation. Accordingly as the state of their health is found, they should be advised as to necessary steps to be taken and when imperative be classified to new labor to meet their physical status. Examinations need not be painstaking but must be in some cases. As a rule they should be careful and systematic and by all means made in private, just as the physician is in the habit of treating his private patients. If men know the object of the examination, its nature and that it is to be made in private, they will take more kindly to it and I dare say, often request subsequent examinations.

Studies Employes' Health

U. S. Public Health Service Is Investigating Plants Throughout Country; Asks Co-operation

If you were a working man, asks the U. S. Public Health Service in a recent bulletin and could call in a doctor to examine you physically, tell you whether you had any incipient defect or disease (tuberculosis, or instance) that ought to be seen to before it was too late; tell you whether the particular work you were doing was injurious to your health and should be changed to some other work; establish for you a record to which you might later appeal if you were injured; tell you how to avoid diseases to which workers in your line are especially exposed—if you could learn all this without a cent of expense, under strictly confidential conditions, wouldn't you send for the doctor at once and let him examine and advise you? Wouldn't you?

If you were a manufacturer, responsible for carrying on a big plant and for the health of its workers, and were therefore interested in keeping down its percentage of absenteeism, quitings, accidents, and sickness; and if you could call in a sanitary engineer who would examine your plant and point out to you any conditions that were unnecessarily injurious to the health and comfort of your men or conducive to accidents; who would tell you how to improve these conditions and thus lower your costs of operation and lessen the number of men whom you would have to compensate for injuries; and who would establish for you a standard which if you put it into effect, would serve as a defense against unfair claims for injuries—if you could get all this without a cent of expense wouldn't you call in that engineer and let him prescribe for your plant? Wouldn't you?

Well, you can—both of you, working man and employer.

The U. S. Public Health Service has for several years been studying "occupational" diseases and hazards with the sole view of reducing them in the interest of both working man and employer. It has already succeeded in doing this for many of them. But many more remain to be studied; and to do this effectively periodic physical examinations of the workers are necessary.

Many manufacturers and workers already understand this and are glad to co-operate with the Public Health Service in making the plants safer and more

healthy. Some manufacturers, however, are suspicious; they fear that the "radicals" are seeking to spy out something that will "make trouble" for them. Some workers, too, are suspicious; they fear that any defects discovered will be reported to their employers, and will lose them their jobs. Consequently one or both sides actively or passively resist inspection and physical examination, not realizing that undiscovered defects in either plant or man will surely lead sooner or later to serious trouble, for which plant or man must pay, the plant in money and the man too often in health or life.

The U. S. Public Health Service is absolutely neutral. It notifies the employer of anything in the plant that it thinks should be corrected and it uses his plant as a model when it finds nothing or when he corrects what it does find. On the other hand it holds secret the results of all individual to any employer, though it is always ready, when requested by a worker, to help him transfer from an injurious occupation to one that is not. Incidentally, there is not an employer in the land who would not be glad, where possible, to change a man from a job at which his health was suffering to one at which he would preserve it.

Sooner or later the Public Health Service men will visit your factory. Why not co-operate with them in examining both factory and men and in prescribing for both?

Wet Grinding Dangerous Occupation

That grinding and polishing by the wet process, instead of being, as has been generally supposed, a dustless and innocuous process, is, under certain conditions, a dusty and exceedingly dangerous employment, seems to be demonstrated by a report prepared by Dr. W. Herbert Drury, of the U. S. Public Health Service, after an exhaustive investigation conducted in a large axe factory in a Connecticut town. Dr. Drury shows that the death rate (1900-1920) from tuberculosis among the workers in the grinding and polishing shops, who for six hours a day breathe an atmosphere of relatively high humidity heavily laden with acutely angular hard siliceous dust, is 19 per thousand; and that of other workers in the same mills (but not in the grinding or polishing shops) is only 1.6. Furthermore, the rate in the general population (not including the mill workers) in the three villages from which the workers are drawn is 1.2 and in the whole State of Connecticut is 1.5 per thousand.

Grinding has long been recognized as gravely hazardous both in Europe and in the United States. All statistics, however, have heretofore been defective, no intensive study having been made anywhere.

Pulmonary infections other than tuberculosis show 4.3 deaths per thousand among polishers and grinders as against 1.7 per thousand among other mill workers.

It was not practicable to subdivide "polishers and grinders" into "polishers," "dry grinders," and "wet grinders," and to obtain separate figures for each. It is well known locally, however, that the death rate of the wet grinders is much higher than that of the others.

Counts show that there are an average of ten times as many dust particles in wet as in dry grinding shops; and the reports recommend the substitution of a dry grinding process properly protected by the installation of exhausts for the present wet process.

Schools Stimulate Interest

In many cities the school children were asked by their teachers to write essays on hospitals and their service and in some cases the best compositions were published by the newspapers as part of the National Hospital Day publicity plan.

Mt. Vernon Sanitarium Helps Movement

L. A. Spring, director of publicity for the Mt. Vernon Medical and Surgical Sanitarium, Mt. Vernon, O., enlisted the interest of the three other local hospitals in National Hospital Day and furthered the movement by some splendid publicity in the Mt. Vernon papers.

A QUESTION OF PRINCIPLE

WHAT can the physician who wishes to uphold his personal and professional dignity recommend as a dentifrice, without thus becoming a party to the promotion of one for which unwarranted claims are made?

Colgate's Ribbon Dental Cream, for which no exaggerative claims are made.



SPECIAL SUPPLIES

Colgate's C. P. GLYCERIN (98%) 10 and 25 lb. cans.
Colgate's Unscented TALC in 25 lb. cans.
Charmis COLD CREAM in 5 lb. quantities.
Arctic Chipped Soap—Octagon Laundry Soap and
other Laundry Soap Products in quantities.

Write for Interesting Terms

COLGATE & CO.

Dept. 86

199 Fulton Street New York

Medical Department Directs Library

Lunch Room and Employees' Club Also in Scope of Health Service of Maryland Casualty Company

*By Harriet J. Fort, R. N., Maryland Casualty Company and Chairman of Industrial Nurses,
Baltimore*

When I came to the Maryland Casualty Company in 1918 my department was directed by two men: the infirmary and its activities by the manager of the claim division and the lunchroom by the statistician. It was obvious that this was not an arrangement conducive to good results so after a very short time I was entrusted with the supervision of the lunchroom and in a year's time the vice-president took me under his wing and gave me the stimulus I needed. The advantage of this arrangement is that I always have access to the president. Under the new regime opportunities for further development were granted so that today instead of one graduate nurse, there are two and if there were room we could very well use a clerk. In our new building, which is nearing completion, we hope to work under better and more ideal conditions.

Our lunchroom, on the second floor of the building, is not a very large one, even though it will seat 90 people comfortably in arm chairs. The company serves beverages, including coffee, tea, cocoa, milk and buttermilk gratis to employes. An outside agent sells sandwiches, soup, pudding, cake, salad and pie at a small profit to himself. Cafeteria service is used with satisfaction. We have nearly 1,000 employes so that the problem of serving and seating this number is a big one, but is taken care of in this manner. Luncheon period extends from 11:30 to 2. We have during this time shifts of 20 minutes each and as all the employes do not use the lunchroom we manage fairly well. One woman is employed to keep the room clean and to help in serving. One woman has charge of the serving and preparing the beverages. Another woman cares for the toilets and to dust the executive offices. She assists in the lunchroom.

The infirmary is located on the second floor of the building with easy access to all other floors. It is used as a first aid station, rest room and library, so that it is a very busy office. Visits to the infirmary by employees needing first aid vary from 30 to 40 a day. Visits for rest purposes and to get books vary from 30 to 40 a day also. We render all first aid, try to find the underlying cause for the visit, and correct the condition prompting same.

A record slip is filled in for each treatment. A copy of the form is as follows:

Name
 Dept.
 Time
 Diagnosis
 Treatment

From these slips a daily report for reference is prepared, and the tabulation is along the following lines:

Daily Report

No.	Name	Time	Dept.	Disability	Disposition	Treatment
-----	------	------	-------	------------	-------------	-----------

No employe is permitted to go home on account of disability until a slip worded:

Date _____
 _____ Dept. Head
 _____ Name of employee
 _____ He
 of your department has been interviewed. She is
 physically unfit to remain at work.

Nurse.
is delivered to the department in which employee is employed.

A record card is kept for statistical purposes, of each employe and contains the

Name _____	Department _____
------------	------------------

Date	Hour	Disability	Disposition and Treatment
------	------	------------	---------------------------

A monthly report for the president is prepared from the daily report and embraces.

Month	Days of the month
-------	-------------------

Headache
Foreign body in eye
Sore throat
Dysmenorrhea
Cold
Constipation
Stiff neck
Indigestion
Boils
Burns
Minor injuries
Earache
Sick stomach
Toothache
Neuralgia
Nervous
Miscellaneous

Total	
No. of patients sent home	
No. of operative patients	
No. of visits to patients	
Examinations by Medical Director	
No. of new employes interviewed	
Patients taken to dispensaries	
Patients sent to dentist	

There is attached to this record one giving the number of employees that visit the infirmary from each department.

Our main idea is to help the employees keep their bodies healthy and their minds free from worry, to sympathize with them and to help them in their sorrow thereby assuring the company of the closest and most loyal co-operation.

New employees are interviewed and given a manual of instruction. At each interview, we try to find out as much as possible about the employee's physical condition and to impress it upon them how necessary it is to come to us as soon as he or she is

Just as the Advertisement Said



We look through that window, that night was over, fate would cast dice for this infant's life—would it be three hours or three score years and ten?

Fate—and a Baby's life

HE little thought that before the night was over, fate would cast dice for this infant's life—would it be three hours or three score years and ten?

Midnight—an alarm of fire—hours of heart-rending and nerve-racking work by heroic nurses, doctors and firemen.

Another day. The little baby was safe, thanks to the nurse who thought more of its safety than she did of her own. The young mother lay at the point of death, her fight for life doubled by exposure and cold.

Safe? Why had the father and the dejected public thought that hospital safe?

Read—"Fire Tragedies and Their Remedy"

This instructive booklet will wake you up to the penalty paid by those who have neglected to provide adequate fire protection. A penny for a postal is a small price to pay for human lives. Write for it now. Address, Grinnell Company, Inc., 278 West Exchange Street, Providence, R. I.

GRINNELL COMPANY

Complete Engineering and Construction Service in Automatic Sprinkler, Industrial Pumping, Heating and Power Equipment, Pumps, Pipe Valves

GRINNELL AUTOMATIC SPRINKLER SYSTEM—When the fire starts, the water starts

BARKER MEMORIAL HOSPITAL IS PARTLY DESTROYED BY FIRE
Estimate Damage at \$40,000—No Loss of Life.
Nurses and Firemen Work Heroically to Save Patients.

SANITARIUM IS RAZED BY FIRE; PATENTS SAVED
No Possibility of Human Losses During Ten Minutes Burning.

DRAG SICK FROM HOSPITAL FLAMES
Firemen Seize Patients, Some Just Operated On, From Beds.

MATERNITY HOSPITAL NEAR WORCESTER BURNS
August 16—The Mt. St. Joseph Maternity Hospital, just over the city limits, was destroyed by fire.

HOSPITAL BURNS AT NAPERVILLE; PATIENTS SAFE
Fire Is Discovered by Night Nurses.

TWO DIE IN FIRE AT MATERNITY HOSPITAL
OTTAWA, Ont. May 13.—In a fire at a maternity hospital, two patients and their babies and three persons were slightly injured. The dead are Mrs. J. Smith and Mrs. P. Mitchell, both of this city.

TWO WOMEN PERISH IN FIRE IN SANITARIUM
May 13, 1920, Mrs. M. and Mrs. C. J. Campbell, 65, and Miss Annie Byrne, 75, under of Mrs. Campbell, were burned to death early today when trapped in the Campbell Sanitarium, which was completely destroyed by fire.

DEAD, 19 SAVED AS BURLINGTON CO. HOSPITAL BURNS
BURLINGTON, Vt. May 13.—A fire at the Burlington County Hospital, which was destroyed by fire, resulted in the death of two patients and the saving of 19 others.

Reproduction of an advertisement published last year in national magazines

If Not Here—Where?

IF not in a maternity hospital, where would you expect to find the best in fire protection?

And yet all the evidence shows that factories and stores are the places most carefully safeguarded against fire. Think of it! Money values almost universally get the best fire protection—automatic sprinklers—but babies' lives are often left to chance.

When the Mt. St. Joseph Maternity Hospital near Worcester burned on August 16, 1920, the Boston Post said: "Nothing could be done to save the building—the institution was far removed from the water supply of both city and town."

In Ottawa, Canada, on May 13, 1920, two expectant mothers lost their lives by fire and three were slightly injured.

But why go on? Look at the clippings.

The sad fact is that these reported conflagrations need never have occurred. For any institution can be made safe from fire with automatic sprinklers. They are the one means that offsets all fire dangers, old construction and careless employees included. The sprinkler-equipped hospital will never break into the newspapers with headlines like those shown above.

Fire escapes, broad stairs, fire-proofed walls—all these are useful in case of fire. But with automatic sprinklers on guard, there will never be a dangerous fire. When the fire starts, the water starts.

Read—"Fire Tragedies and Their Remedy"

Drop us a post card today for your copy of this intensely interesting booklet. It points out why hospitals and schools are called safe even though they burn and burn. Address Grinnell Company, Inc., 278 W. Exchange St., Providence, R. I.

GRINNELL

AUTOMATIC SPRINKLER SYSTEM

When the fire starts, the water starts

were made as indicated, but the laboratory equipment used was meager.

In one large dispensary all first dressings of injuries are made in a room devoted to this purpose. The equipment and instruments used in this room are kept separate, and used here only, re-dressings being done in other rooms. The medical director reported that by this procedure infections were reduced to a minimum.

In one dispensary a "coryza room" was found. This was a booth about four feet square with a small electric stove and a vessel containing a solution of formalin, tincture of benzoin and aromatics which was heated until vapor arose. Any employee feeling that he was catching cold was at liberty to enter the booth and inhale the vapor for a few minutes. The physician at this plant advised that many colds had been aborted by this treatment. In this same department was a similar space where the employees could gargle their throats with antiseptic mixtures, thus further aiding in the early cure of colds and sore throats.

DRUGS AND SUPPLIES

Iodine was the disinfectant most generally used, with chlorazene and bichloride of mercury next in order. One case was found where iodine was not used. Gasoline, benzine, ether, alcohol and green soap were the cleansing agents most commonly used, and in about the order named. One dispensary used a high grade denatured alcohol only and claimed perfect results with it.

Ointments used were a great many, with possibly unguentine encountered the most often and ichthyol second. In a few cases Balsam of Peru was used on old granulating wounds.

Chlorine and bichloride of mercury were used most often for wet dressings. In six or seven plants Dakin's solution was used, but in one of these its use was not now so common as it was earlier in the year. Dichloramin-T was found in only one or two dispensaries.

Medicines dispensed varied from a few simple remedies for headache, colds, indigestion, constipation and dysmenorrhea to elaborate stocks. The general tendency seemed to be to reduce rather than augment the amount and kind of drug preparations given.

METHODS

In only one or two plants was an attempt made to cover all lines of medical supervision. In the great majority of plants such work was confined to emergency medical treatment in order that the employee might remain at work. If too ill to continue at his job he was sent home and advised to call his physician. In many plants the visiting nurse followed up the case in order to see that proper medical attention was procured by the employee or his family. In a few plants only did the nurses attempt to give more than friendly advice and suggestions regarding the care of the patient. In many cases the nurses stress the educational side of their home visiting work, endeavoring to build up the general tone of the home and community life of their employees.

In only one plant was an attempt made to furnish complete medical care for employees and their dependents, and in this instance no obstetrical work was undertaken and night calls were answered only in cases of emergency.

In some cases the industries offer free treatment to employees and their dependents so long as they are able to visit the plant dispensary. In the majority of plants, however, the medical supervision work is confined strictly to emergency relief.

In one city there was found a hospital of 100 beds capacity, owned and administered by a group of local establishments. Employees of these establishments and their families had first call on the services of the hospital staff, but when beds were available the needs of the public were considered. Provision was made for all forms of hospital work. There were medical, surgical, obstetrical and children's wards, and a well-equipped operating room. A well-patronized out-patient department was also maintained. Each industrial patient paid a fixed sum for treatment in this hospital, and the member corporations were assessed for the deficit according to the number of employees in each plant.

On account of this arrangement small first-aid rooms only were being maintained in the mills that were members of this hospital corporation. This hospital is said to be the only one of its kind in the country.

PERSONNEL

In 44 of the plants visited the medical department is responsible to the director of personnel, employment manager or other subordinate official. In four places a physician was in charge of the entire service department, which includes the medical work at the plant. In each of these cases one or more additional full-time physicians were attached to the dispensary. In thirty-nine cases the physician in charge of the medical work was directly responsible to the plant executive, and this arrangement seemed to work well.

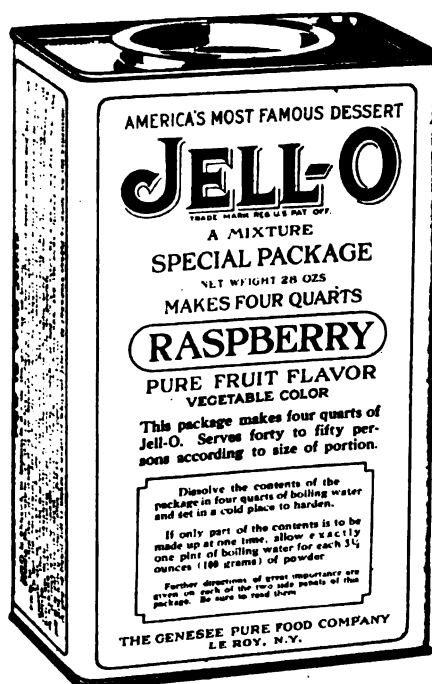
Out of 120 physicians found to be engaged in industrial work, thirty-seven were devoting all their time to it. This number included the four service managers mentioned above. Sixty-three others were giving part-time service to the work, varying from one or two hours per week to four or five hours per day. Twenty-nine physicians were regularly on call. In only three plants were physicians on call, in addition to those on a full-time or part-time basis. In one plant a full-time oculist was found and in another place a part-time oculist and a full-time optician were employed. In one factory a full-time physician constituted the entire personnel of the medical department.

In many plants, particularly in those where the medical department was a branch of the industrial relations department, the scope of the physician's activities was generally confined to the dispensary. Curative measures were stressed rather than preventive work. There was little opportunity for his influence to be felt in other departments, such as safety and sanitation, proper placing of workers, etc.

PART-TIME SERVICE

Part-time health service found was of two kinds. Either one physician visited the factory at stated times, daily or less often, or two or more physicians were at the plant during different hours of each day, insuring continuous or almost continuous medical attendance during working hours. In practically all places where such an arrangement was in force the doctor confined his activities to seeing such cases as passed through the dispensary. Few of them visited the factory or made an effort to check

"America's Most Famous Dessert"



*Our institutional size package
represents the same standard of
quality that has made our product
such a favorite for so many years.*

The Genesee Pure Food Company
Two Factories

Le Roy N. Y.

Bridgeburg, Ont.

up the employe and his job or to assist in the inauguration of accident or sickness prevention measures.

In five plants visited, the personnel was supplied and paid by the insurance company carrying the compensation policy of the establishment. This included full-time physicians in two places, a part-time physician in another, and in two other cases the nurse or nurses were supplied and paid by the insurance carrier. In one of these plants, in addition to the full-time doctor, the nurses, a full-time dentist, equipment and all supplies were furnished by the insurance company. This physician made physical examinations of all applicants for employment.

DENTAL WORK

Dental work in factories had been introduced in a number of plants and was being considered in a still larger number. Seven factories employed a full-time dentist and, in addition to part-time men; while five plants had dentists doing part-time work. The practices in this work was of three kinds, viz., free treatment; a moderate charge of twenty-five cents to fifty cents per treatment, depending upon the nature of the work done; and a fee from one-third to one-half below that regularly charged by dentists in their own offices. The character of work done varied from examinations alone to prophylactic work, and in one case covered all forms of dentistry, including crown and bridge work. An exceptional condition was found in one large mill where complete dental work by a full-time dentist was given free to all departments of employes up to the age of 14. No employe in this mill was permitted to use the dental facilities. In two plants, each with fewer than a thousand employes, first-class dental equipment and half-time dentists were established.

PHYSICAL EXAMINATIONS

In twenty-five of the plants visited physical examinations are required, in some to a limited extent. One plant examines only those applicants who are over 40 years of age, another makes only eye examinations; still others have the men examined by a male nurse for hernia and other gross lesions. An increasing interest is being taken in this subject, and several firms have advised that they will introduce physical examinations at an early date. In keeping with the findings of the Conference Board of Physicians in Industry, little or no opposition to the examination was reported. In one large factory examinations had been discontinued with a change of policy from that of self-insurance to commercial insurance. With this change of policy the physician advised that the need for examinations no longer existed.

In the majority of places where physical examinations were required, some effort was made to tie up the results of the examination with a job for which the applicant was hired rather than to use the findings merely to weed out undesirable applicants.

RECORDS

There was a lack of adequate records of the work of the dispensaries in many of the plants visited. In a few cases only were records found that were being used, or were capable of being used, to interpret the accident or sickness conditions in the plant.

In one case the nurse advised that workers from certain departments were not permitted to visit the dispensary if a record of their visit was made. The reason for this extraordinary proceeding being that the cost of maintaining the dispensary was distributed among the departments in proportion to the number of dispensary visits by employes of each department. Needless to say, it was reported by the nurse that there were many cases of infection in this plant.

When the value of adequate records was shown, there was a willingness in many plants to adapt their present methods to suggestions made.

In a few cases rather complete records were kept, but were not utilized to their full value. In only one plant visited were the hospital records regularly published.

SOCIAL AND EDUCATIONAL ACTIVITIES

In many cases activities of a social character were being supervised by the medical department personnel. The nurse frequently served as matron and advisor to the female employes. In four plants day nurseries had been established under the supervision of the works physician. Certain functions in the administration of the mutual benefit associations were frequently delegated to the doctor or nurse. The works physician is frequently the one employed by the mutual benefit association to look after the welfare of its members. Sanitary supervision of toilets, lockers, rest rooms, cafeterias, etc., was frequently included in the duties of the medical personnel. In several instances the nurses made regular factory inspections, criticizing conditions found, the various departments being held up for comparison in order to stimulate improvement in the general sanitary condition of the plants.

In three plants the physician talked regularly to male employes, and the nurse to female employes on matters of personal and sex hygiene, home and community standards of living, etc. In addition leaflets touching on the same subjects were prepared for distribution in pay envelopes.

In one plant the physician and nurses carried on extensive prenatal work. All pregnant employes were sent away from the shop at the end of five months' pregnancy, and the physician and nurses gave them care and advice from then until time of delivery. The physician did not attend the case in delivery as the company doctor, but would take it as a private physician.

CONCLUSIONS

Judged by the experience gathered among New England industries, the value of certain phases of industrial medical work is quite fully recognized. With few exceptions plans were under way for an expansion of the work, either by adding to the quarters, the staff or the character of the work done. In many cases recent enlargement of the work had been accomplished. In one plant an eight-room department was being equipped to care for the work now being done in one room no longer than ten by twelve feet. There were other cases of a similar nature.

Plan New Hospital Building

A fund of \$150,000 recently was raised for a new hospital building at Bristol, Tenn. S. H. Thompson was general chairman of the campaign.

Sherman's Polyvalent Vaccines

A more adequate and rapid immunity can be established with polyvalent vaccines than from an infection itself. SHERMAN'S POLYVALENT VACCINES rapidly stimulate the metabolism and defense of the body with a resultant prompt recovery in general acute infections.

Given early, bacterial vaccines almost invariably cut short the common pyogenic infections of the skin, mucosae, joints and tissues;

Administered in advanced cases, they usually ameliorate or abbreviate the course of the disease;

Even when used as a last desperate expedient, they often reverse unfavorable prognoses.

The immunizing powers of stock vaccines are demonstrated by the prophylactic efficiency of typhoid vaccine. Bacterins made from selected, vigorous organisms are far higher immuno-producers than autovaccines prepared from feeble, degenerated organisms sometimes found in the patient's own specimens. Especially in acute cases, the PROMPT injection of a stock bacterin is decidedly preferable to the DELAYED injection of an autogenous one. The place for autovaccines is in chronic infections which fail to clear up

under stock bacterins due to the probable presence of some unusual bacterium.

Advanced inflammatory processes due to only one class of bacteria are rare, mixed infections being the rule. Therefore, COMBINED VACCINES, containing all strains likely to be present, give the best assurances of success; an unneeded variety of the bacterin is harmless and in no way weakens therapeutic response.

Thus the favorite invaders of the nose and throat are the pneumococcus, the streptococcus, the staphylococcus and the micrococcus catarrhalis, calling for Sherman's No. 40, and in chronic cases—when there is a foul odor; produced by the Friedlander bacillus—Sherman's No. 36. In visceral infections, due chiefly to the colon bacillus with the pus cocci, Sherman's No. 35 is appropriate. In Neisser infections, if these organisms are not already allied with the gonococcus, the imminence of their entrance is so great that the rational combination is Sherman's No. 49.

When, particularly in grave cases, valuable time may be lost in securing the variety of vaccine especially recommended, it is always advisable to use the vaccine at hand which contains the predominant organism of the disease to be combatted.

Sherman's 10 mil. Container

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

Twenty Preparations.

Beyond the experimental stage.



**BACTERIOLOGICAL LABORATORIES OF
G. H. SHERMAN, M. D.
DETROIT, U. S. A.**

"DAILY USERS OF VACCINES USE SHERMAN'S"

Textile Mills Far Behind in Orders

"Buy Now, If You Want Sheets Early" Is Advice to Hospital Superintendents; News of the Markets

Textile mills are from three to four months behind in orders, according to jobbers catering to hospitals and institutions, whose advice to buyers is to purchase sufficient material for from three to five months' supply or else run the risk of having to wait for a considerable period when in immediate need.

One jobber cited as an example of the textile situation the fact that when he endeavored to obtain 300 dozen pillow cases on a rush order he was turned down by four mills which refused to promise delivery before September, while the fifth by special effort promised to try to have the order ready in four weeks.

MANUFACTURERS SOLD FAR AHEAD

The great demand for sheets and pillow cases has resulted in the manufacturers' being sold far ahead and deliveries on recent orders were not promised until October.

Hospitals and institutions are buying to a very satisfactory extent, this jobber reported, the orders coming with such rapidity as to make a creditable total, although individually they are small. There has not been any material change in the price of sheets or pillow cases in the last two months, although at present the quotations are less than half what was asked five months ago. A satisfactory grade of sheet, 63x99, was priced at \$13.02 a dozen, and a better grade at \$14.38. Pillow cases, 45x36, ranged from \$5.62 to \$4.06, although there was a cheaper item marked at \$3.39.

Because of the present condition of the mills in the face of the continued demand, it was pointed out that there can be no marked change in prices for some time and buyers were advised to purchase supplies for a short period to be assured they would have the goods delivered within a reasonable time. A 3 or 4 months' supply was suggested as a quantity that could be purchased with safety, as regards possible change in price, and that also would insure a stock when needed.

Sheeting and muslin were other items of which there was a comparative shortage, while bed spreads were difficult to obtain.

BLANKETS MORE PLENTIFUL

Blankets were rather plentiful, with no change in price over two or three months, but jobbers look forward to an increase when the cold weather approaches and the public begins to buy. It was pointed out that mills have not been running up to capacity and they have been able to supply the demand partly because of the slowness of the public to purchase. When people and institutions start ordering a sufficient quantity to cover their needs, this demand will quickly absorb the supply available and the shortage will mean higher quotations.

There has been a great activity on the part of hospital and institutional buyers in the canned goods field lately, according to jobbers in these lines, due to the low prices at which old packs are offered. As a result the 1920 pack is being rapidly cleaned up. One jobber reported having sold more canned goods in a few months than in the previous year.

Cherries, strawberries, apricots and peaches were cited as items that will be short this year because of crop damage and the financial situation of some canners. Indications are that the entire 1921 pack will

be short, but in spite of this future quotations noted recently were extremely low, all things considered.

Because of the inability of packers to quote a price in keeping with the cost of production, corn acreage has been curtailed. Peas will be more plentiful, although the crop conditions are not as favorable as they might be. Many tomato canners have discontinued operations, it was reported, because of adverse conditions.

SUGAR REACHES LOW MARK

With a big surplus of sugar on hand, prices of this commodity reached an unusually low mark recently and indications were that it would not advance to any extent until demands for preserving and canning come in.

In the hospital supply field, many lines were stationary during the past month, particularly glassware, rubber goods and enamel ware. Some jobbers asserted that manufacturers had guaranteed against any further decreases in prices in these lines during the remainder of the year. Items were much easier to obtain than formerly.

Cotton and gauze were reported to have made a slight advance, but not enough to justify a change in prices on the part of the jobber.

Buying in these lines was reported to be increasing.

Some Recent Books

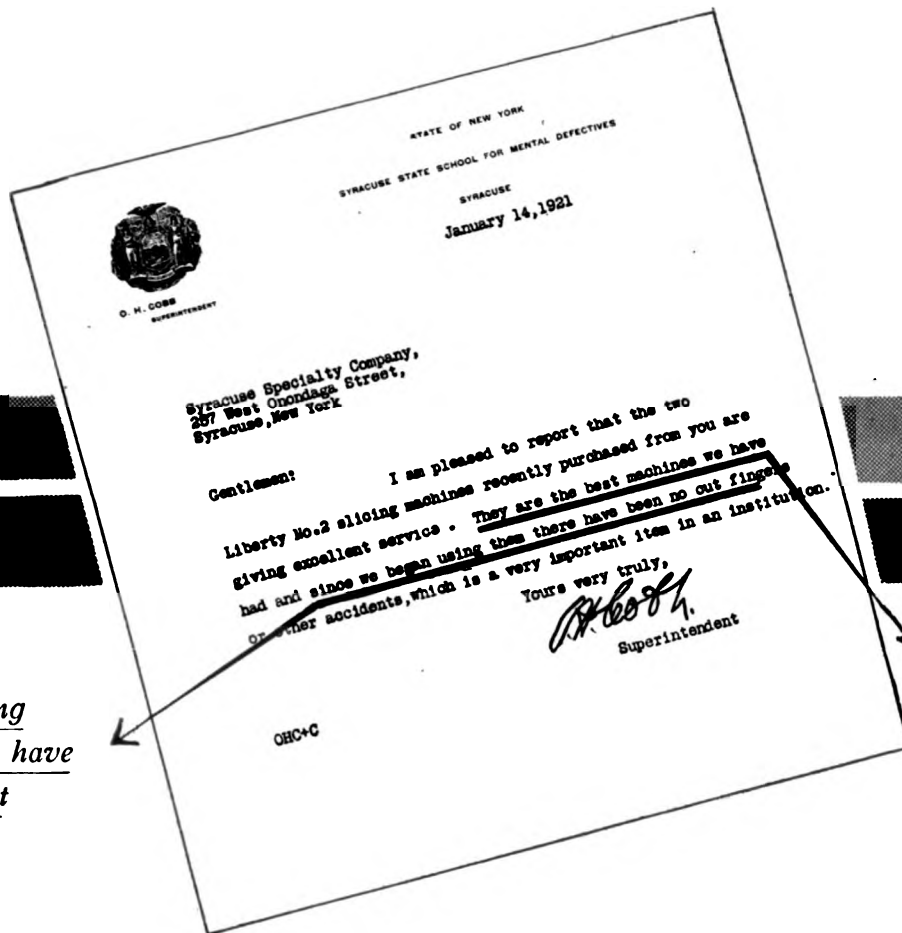
Brief Reviews of Publications of Interest to Hospital Executives

TEXT OF NURSING PROCEDURES, by Anna C. Jamme. Published by The Macmillan Company, New York.

This book gives a series of forty-one demonstrations in practical nursing. An illustration accompanies the directions to the pupil in each nursing procedure. The demonstrations are graded and are intended to be given in order in connection with instruction on the reasons for carrying out the various methods described. The book is planned to serve as a companion to a nursing manual in classroom instruction.

A TEXT-BOOK OF NURSING PROCEDURE FOR HIGH SCHOOLS, by Amy Elizabeth Pope. Published by G. P. Putnam's Sons, New York.

"Every woman should have some knowledge of the methods used in caring for the sick and of first aid treatment required in common emergencies and, if these essentials are not taught in the schools, the great majority of women will never know them." This introductory sentence to Miss Pope's latest book outlines the reason for its appearance and indicates that the reader may expect to find the various subjects treated in elementary, non-technical form. Miss Pope begins with the equipment of the demonstration room, care of sick room and of commonly used utensils and carries her readers through rudimentary nursing, such as moving of patient, bed making, essentials for a patient's comfort, etc., through sixteen chapters of procedures.



"Since using
them there have
been no cut
fingers"

"They are the
best machines
we have had"

Don't Waste a Crumb—

The Liberty Bread Slicer slices bread with an even thickness or thinness and not a crumb is wasted—nor does it matter what shape loaf it is—the LIBERTY will slice it. And the expense is not great. Don't take our word for it—ask any Liberty user.

*Wouldn't you like to know more about it?
Ask us. No obligation on your part.*

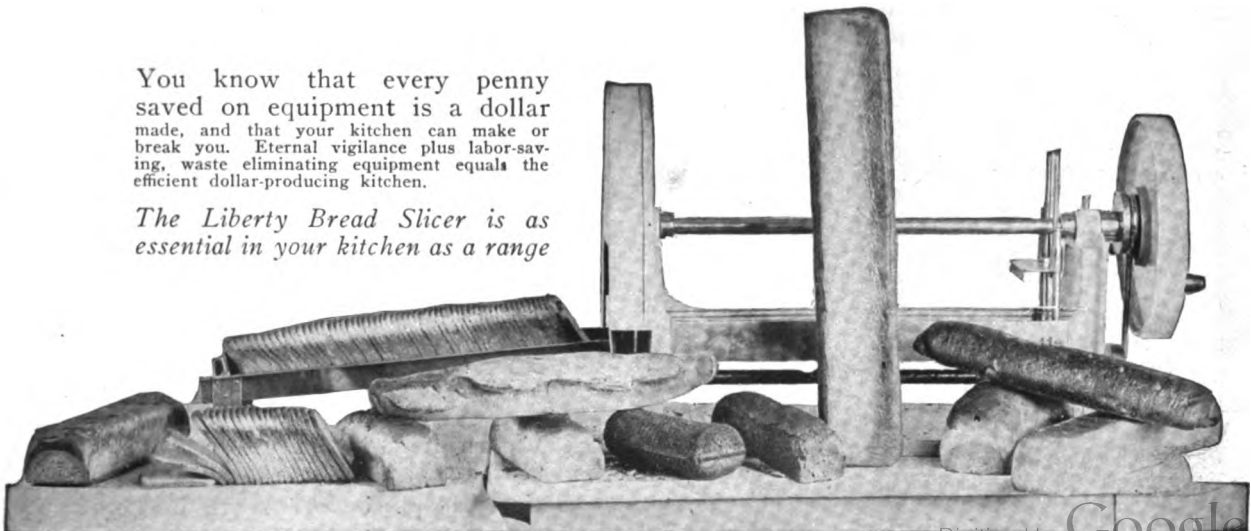
Liberty Bread Slicer, Inc.

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You know that every penny saved on equipment is a dollar made, and that your kitchen can make or break you. Eternal vigilance plus labor-saving, waste eliminating equipment equals the efficient dollar-producing kitchen.

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The deadliest method of destroying
infectious organisms.

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Tubercular, Institutional and Sani-
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Hospital Day Pioneers

(Continued from page 44)

Kneipp Sanatorium, Rome City, Ind.
St. Mary's Mercy Hospital, Gary, Ind.
Home Lawn Sanitarium, Martinsville, Ind.
Woman's Southern Homeopathic Hospital, 739 S.
Broad St., Philadelphia, Pa.
Palo Alto Hospital, San Francisco, Cal.
Red Cross Hospital, San Francisco, Cal.
Moline Lutheran Hospital, Moline, Ill.
St. Elizabeth Hospital, Dayton, O.
Irene Byron Tuberculosis Hospital, Ft. Wayne,
Ind.
St. Joseph's Hospital, Bloomington, Ill.
Middletown Hospital Middletown, O.
Marine Hospital Louisville, Ky.
Government Hospital, Cincinnati, O.
Jay County Hospital, Portland, Ind.
Broome County Tuberculosis Hospital, Chenan-
go Bridge, N. Y.
Barnert Hospital, Paterson, N. J.
St. Joseph's Hospital, Paterson, N. J.
Clark Hospital, South Bend, Ind.
St. Mary Hospital, Pueblo, Colo.
Memorial Hospital, Greenburg, Ind.
Grant County Hospital, Marion, Ind.
Hamot Hospital, Erie, Pa.
Memorial Hospital, Connersville, Ind.
Municipal Hospital, Toledo, O.
St. Vincent's Hospital, Toledo, O.
Mercy Hospital, Toledo, O.
Maternity Hospital, Toledo, O.
Cresson Sanatorium, Johnstown, Pa.
Mercy Hospital, Johnstown, Pa.
Memorial Hospital, Johnstown, Pa.
Easton Hospital, Easton, Pa.
Providence Hospital, Beaver Falls, Pa.
Beaver Valley General Hospital, Beaver, Pa.
Alliance City Hospital, Alliance, O.
St. John's Hospital, Joplin, Mo.
Boone County Hospital, Columbia, Mo.
Parker Memorial Hospital, Columbia, Mo.
Cadwell Hospital, Poplar Bluff, Mo.
Altoona Hospital, Altoona, Pa.
Mercy Hospital, Altoona, Pa.
Dee Hospital, Salt Lake City, Utah.
Ogden Hospital, Salt Lake City, Utah.
St. Louis Children's Hospital, St. Louis, Mo.
Christian Hospital, St. Louis, Mo.
Public Health Service Hospital, No. 35, St. Louis,
Mo.
St. John's Hospital, St. Louis, Mo.
St. Luke's Hospital, St. Louis, Mo.
Jewish Hospital, St. Louis, Mo.
Robinwood Hospital, Toledo, O.
St. Joseph's Infirmary, Houston, Tex.
St. Joseph's Hospital, Memphis, Tenn.
Marine Hospital, Memphis, Tenn.
St. Luke's Hospital, Fargo, N. D.
St. John's Hospital, Fargo, N. D.
St. Michael's Hospital, Grand Forks, N. D.
Deaconess Hospital, Grand Forks, N. D.
St. Alexius Hospital, Bismarck, N. D.
Longcliff Hospital, Logansport, Ind.
Northern Indiana Hospital for the Insane, Lo-
gansport, Ind.
Palmer Hospital, Logansport, Ind.

Maintenance Costs

The maintenance cost of the hospital involves such serious expenditure that the utmost economy must be constantly maintained.

Nevertheless, efficiency should never be sacrificed to economy, for any impairment of the hospital service is attended with results inimical to the interests of the community it serves.

The importance of sanitary cleanliness has ever been advocated by the hospital, and that sanitary cleanliness can be constantly maintained with efficiency and economy is demonstrated in thousands of hospitals by the use of



Wyandotte Sanitary Cleaner and Cleanser is not only the ideal cleaner for the surgical room, but also for the dietary kitchen where scrupulous cleanliness and sanitary methods should always exist.

When used in the dishwashing machine crystal clear glassware and faultlessly clean china and silver result. Table tops, floors, unpainted woodwork and all kinds of metal equipment can be kept clean and sanitary by this cleaner.

Indian in
circle



In every
package

*Order from your supply house.
It cleans clean.*

The J. B. Ford Co.

Sole Manufacturers

Wyandotte, Mich.



Hot food is assured to patients by the use of the electrically-heated food cart illustrated above. Maximum power consumed, 1.8 k. w. Furnished with three-heat snap switch control, pilot light, 36 feet of cord and a heavy-duty receptacle and plug. China food containers have spun steel, retinned covers.

Bedside Food Service —A Problem Solved

One of the big service problems in the hospital is the furnishing of hot food to patients. We have solved this problem in a large Chicago hospital, by the installation of four specially-designed electrically-heated food trucks. Each is equipped with eight china containers, two cold and six heated by scientifically applied electric space heaters, without the use of water as a heat-transmitting medium.

The truck body is constructed of heavy galvanized steel, supported on a strongly-built framework equipped with rubber-tired swivel wheels, assuring silent operation and easy handling. The body is heavily insulated against heat loss, and the cold compartment is doubly insulated against the entrance of heat. The nickel-silver top is easily removable for cleaning.

This truck actually keeps the contents piping hot (or ice-cold, in the proper compartment) and assures the delivery of all food to patients in a palatable condition, without the difficulties connected with the use of hot water.

See our exhibit of Electrically-heated Kitchen Equipment at the Chicago Hotel Show, Coliseum, July 11 to 16

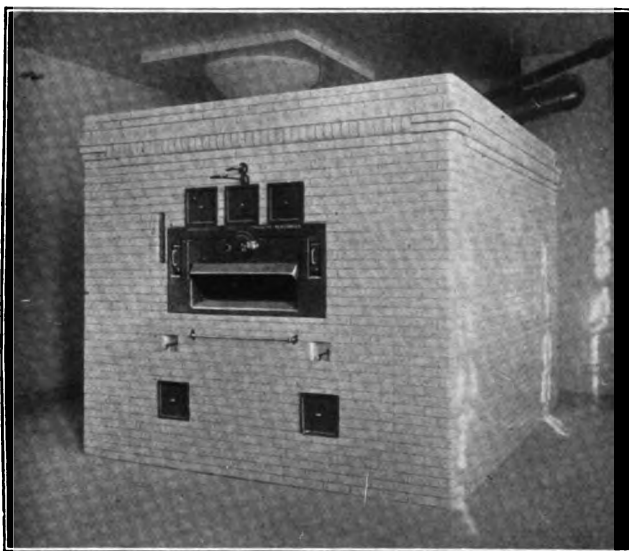
Write for our Complete Kitchen Equipment Catalog and Sterilizer Catalog.

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Dr. Wylie Installed This Oven



"Helm-Built" Oven in the Institution for the Feeble-Minded
(Dr. A. R. T. Wylie, Supt.) Grafton, N. Dak.

Your Hospital

Needs a real bakery oven. Why? For such practical reasons as these:

1. It will enable you to produce your own bread in any desired quantity, and of the highest quality.
2. It will give you fresh bread for your patients, staff and help, at less than it costs to buy it.
3. It will provide the best method of baking not only bread, but rolls, cakes and pastry.

Why a "Helm-Built"?

"There's a Reason" why the famous "Helm-Built" oven, the kind that hundreds of bakers use, is the best oven for the hospital, small or large.

In fact, there are several reasons.

1. Its construction excludes fuel fumes from the baking chamber.
2. It is heavily built, entirely of brick, completely cleanable and perfectly sanitary.
3. Every oven is built and installed by us, so that you have the advantage of the maker's interest in doing the job right.

A bakery is not a kitchen—and a kitchen is not a bakery. You ought to find out the advantages of a real bake-oven—it will cost you nothing to investigate, and may enable you to save substantially for your hospital.

*If You Use Bread in Quantity,
Your Hospital Needs a "Helm-Built."*

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Send for the Big Bakery Book—Free.

time are apricots, apples, Royal Ann cherries, grapes, peaches, pineapple, pears, plums, new pack asparagus, baked beans, beets, corn, peas, pumpkin, sauer kraut, spinach and tomatoes. These articles can all be had on a low basis, and should work higher. Blackberries, loganberries, raspberries and strawberries also are all very cheap, but caution should be exercised in purchasing these articles, as they do not carry well, and the new pack is not so very far off. In limited quantities, however, they are a splendid purchase, as they are relatively lower than most of the other goods mentioned.

The market on pie apples, apricots and peaches is quite strong and should advance substantially in the near future. Pineapple is in great demand and shows indications of going to a higher level. All table fruits are selling freely and will probably advance during the spring and summer.

Corn is very low, but will likely remain cheap, as there is an overproduction. Wonderful values in peas are obtainable now—they are sure to register a substantial advance. Tomatoes are away below cost, and will eventually go higher, but how soon it is hard to see. Tomato puree is now being sold at sacrifice prices—it will certainly pay to load up on that article.

New lobsters are coming on the market soon at about half last year's opening prices. Sardines are very cheap, and some rare bargains are now available. There should be an unusually large consumption of sardines this summer, as prices on both the imported and domestic packs are down close to the pre-war level.

Blankets Show Decline

Wholesale prices on blankets showed a decline of about 40 per cent from quotations of approximately a year ago, according to the May 14 issue of *Dry Goods Reporter*, Chicago, which adds:

"Since opening their lines, some of the mills making cotton blankets have started full-time operation after curtailing their production for months. It is apparent that most of the mills are booking a very satisfactory business and will be well under order before long."

Cotton blankets in different colors, were quoted in case lots as follows:

STAPLE FINISH

Size	Plaid Price	Plain
64x76 whipped.....	\$1.87½	whipped \$1.75
66x80 twill whipped.....	2.50	whipped 2.00
70x80 twill whipped.....	2.67½	whipped 2.10

WOOL FINISH

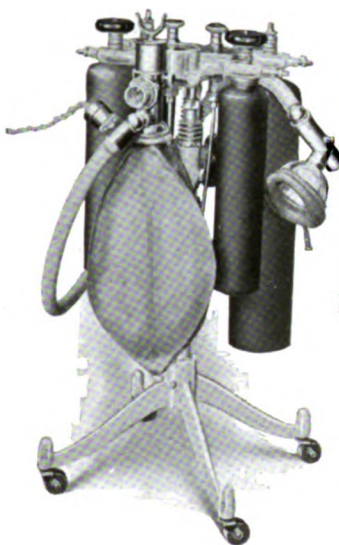
Size	Plaid Price	Plain
65x76 whipped.....	\$3.00	\$2.67½
66x80 whipped.....	3.25	2.87½
66x80 bound.....	3.40	3.00
68x80 bound.....	3.60	
70x80 bound.....	3.75	3.50
72x80 bound.....	3.97½	

The *Reporter* also quoted prices on sheets 63x90, ranging from \$13.75 to \$11.35 a dozen, and pillow cases, 42x36, from \$3.96 to \$2.06 a dozen.

The S. S. White N20-0 Apparatus

*Simple in Design and Operation
Easy and Quickly Manipulated
Adapted to Any Technique*

It responds instantly to any desired change in volume and accurately controls the delivery of the gases separately or in fixed proportions. This is a feature of great importance.



With the S. S. White Apparatus the operator may maintain continuous analgesia with the conscious co-operation of the patient, or surgical narcosis with any desirable degree of relaxation. Thus it is perfectly satisfactory for minor or major surgery, obstetrical work or for wound dressing.

Write for Catalog "R"
describing our full line
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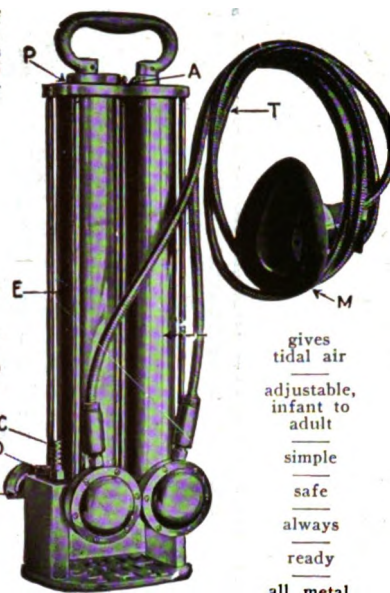
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From 1 to over 300

The gradual increase of Lung motor protection from one device six years ago to the use of from 6 to over 300 each at present by

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(There are over 6,000 other Lungmotor users.)

should be a conclusive indication that the claims for the Lungmotor have been fully substantiated by actual performance.



gives tidal air
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simple
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Lungmotor protection is essential in every hospital, every city department—every industry.

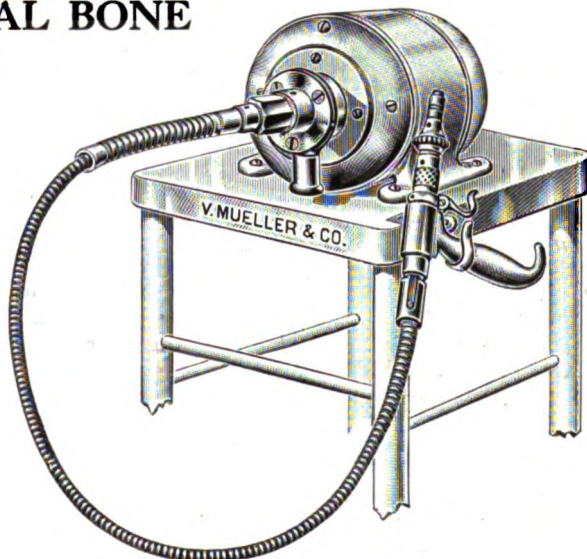
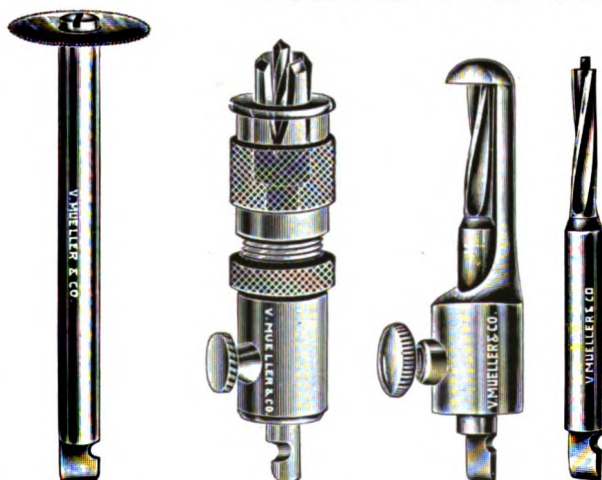
They look to you, Doctor, for the recommendation of such equipment. Let us send you evidence of the service Lungmotors have rendered the above and others.

LUNG MOTOR COMPANY

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BOSTON, MASS.

THE MUELLER UNIVERSAL BONE SURGERY ENGINE



A Few Reasons Why Hundreds of Surgeons Have Selected this Instrument in Preference to Others are Given Below:

1. It is safe at all times—the operating instrument is in action only when the finger is on the trigger.
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4. The flexible shaft is made of sixteen strands of high-grade iano wire and will transmit ten times the power ever called for.
5. Sterilization by boiling the hand piece.
6. The motor is entirely enclosed and operates noiselessly.
7. Any operative work requiring drill, saw or bur, whether sinus, transplant bone graft, bone plating, etc., can be done with the Mueller engine.
8. Perfect speed regulation and operating at slow speed and with plenty of power, there is no danger of heating bone, a serious defect in some engines.

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There are no copies in the manufacture of "AMERICAN" Sterilizers and Disinfectors. Every apparatus is an original—and yet in the making each is identical, and must contain those attributes of safety, durability and economy that have won for us the highest awards at four world's fairs, and been recognized as the standard by which others are judged.

It is this known stability which has steadily increased the number of institutions using



which is keeping our plant running to full capacity; and which is bringing us repeat orders from an enviable list of satisfied users.

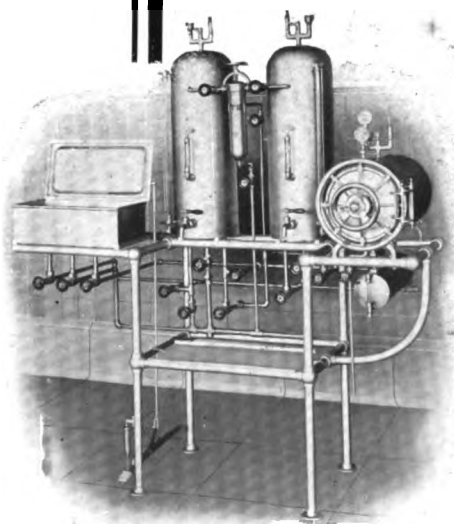
Send today for descriptive bulletins. The Services of our engineering department are at your command without obligation or charge.

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- U. S. P. H. S. Hospital, New Haven, Conn.
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- U. S. P. H. S. Hospital, Ellis Island, N. Y.
- U. S. P. H. S. Hospital, Biltmore, N. C.
- U. S. P. H. S. Hospital, Grays Ferry Road, Philadelphia.
- U. S. P. H. S. Hospital, Tucson, Ariz.
- U. S. P. H. S. Hospital, Dwight, Ill.
- U. S. P. H. S. Hospital, Arrowhead Springs, Calif.
- U. S. P. H. S. Hospital, Ft. Bayard, N. Mex.
- U. S. P. H. S. Hospital, Knoxville, Iowa.
- Government Hospital, 439 Flood St., New Orleans, La.
- Government Tuberculosis Hospital, R. F. D. No. 2, Tacoma, Wash.
- U. S. Tuberculosis Hospital, Oteen, N. C.
- U. S. P. H. S. Hospital, Fox Hills, Staten Island, N. Y.
- U. S. P. H. S. Hospital, Augusta, Ga.
- U. S. P. H. S. Hospital, Camp Kearney, Calif.
- U. S. P. H. S. Hospital, Aberdeen Hotel, St. Paul, Minn.
- Maternity Hospital, Carville, La.
- U. S. P. H. S. Hospital, Kansas City, Mo.
- Christian Church Hospital, Kansas City, Mo.
- Maine General Hospital, Portland.
- Lake Shore Hospital, Lake City, Fla.
- Thomas D. Dee Memorial Hospital, Ogden, Utah.
- U. S. Public Health Service Hospital No. 56, Fort McHenry, Baltimore, Md.
- Hazelton Hospital, Hazelton, B. C.
- U. S. Public Health Service Hospital No. 26, Greenville, S. C.
- U. S. Marine Hospital No. 9, Fort Stanton, N. M.
- Montana Deaconess Hospital, Great Falls.
- City Hospital, Owensboro, Ky.
- Jersey City Hospital, Jersey City, N. J.
- Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, Philadelphia.
- Madison General Hospital, Madison, Wis.
- Blodgett Memorial Hospital, Grand Rapids, Mich.
- Butterworth Hospital, Grand Rapids, Mich.
- St. Mary's Hospital, Grand Rapids, Mich.
- State Hospital, Agnew, Calif.
- St. Luke's Hospital, Fargo, N. D.
- St. Anthony's Hospital, Oklahoma City.
- Toledo Hospital, Toledo, O.
- William W. Backus Hospital, Norwich, Conn.
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A wonderful resort, located in the most picturesque section of southern Indiana. Its wholesome life, restful surroundings and attractive outdoor sports combined with Mineral Waters and Baths of recognized merit link it in bonds of real co-operation with the medical and surgical world, offering ideal facilities for patients during convalescence for both mental and physical conditioning.

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The West Baden Springs Company
West Baden, Indiana
Chas. B. Rexford, President

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Electric Bakers**

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The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

Send for our trial proposition

MANUFACTURED BY

Walter S. Edmands

NO. 9

Boston, Mass.

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IT was teamwork by the hospitals of the United States and Canada that made National Hospital Day what it was—the most significant and widely-noticed hospital event that ever happened. And it was HOSPITAL MANAGEMENT which initiated the movement and kept it going.

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You can buy teamwork for your hospital for very little, and to very great advantage. Just see that all of those who must work with you, and upon whose cooperation the success of your hospital depends so largely, read the paper you read—HOSPITAL MANAGEMENT. They will understand your problems better—they will be more ready to O. K. your ideas about new methods and new equipment.

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Hospital Grades Its Records

**Improvement in Character of Charts Is Brought
About by Monthly Report at St. Elizabeth's**

By R. B. Wetherill, M. D., Chief of Staff, St. Elizabeth Hospital, Lafayette, Ind.

[EDITOR'S NOTE: From a paper read at the organization meeting of the Indiana Hospital Association, Lafayette, April 27, 1921.]

Standardization is no longer a theory but an accomplished fact. During the last two years, the application of the principles of standardization to our hospitals has been productive of the most gratifying results. The success of this important movement has been largely due to a widespread recognition of the need for better hospital service, and for a higher medical and surgical efficiency, which has resulted in the effort to secure this end, through earnest and sincere co-operation of the staff, the executive, and the public; for a hospital is to be likened to a tripod, the feet representing the three supporting interests, in which a want of perfect harmony would jeopardize the stability of the whole structure.

Further advance will be made when all the states in this country will have organized a state hospital association for the purpose of securing a nationwide co-operation in the study of problems relating to public health, in promoting proper legislation in each state, and in devising a uniform scheme of statistics for comparison and study. The success of this movement can only be assured through active, persistent, and effective co-operation of institutions pursuing a common policy, and with a large representation, and it is reasonable to assume that its success will be in direct proportion to the extent of representation. In the furtherance of this end, care should be taken that the constitution and by-laws and the general scope of the work should be based on such broad principles that institutions of every denomination can join hands in this great service for the public good.

I have been asked to bring before this meeting the practical application of the principles of standardization to one of the large hospitals of this state, an institution with which I have been officially identified for the past thirty-eight years. While it would seem that what I have to offer must necessarily be only a recital of certain methods and details, applicable to the policy and requirements peculiar to a single institution, there will always be found certain underlying principles which will be of service in other institutions. The time allotted for this paper is too limited to permit going into minute details, so I must rest content in treating broadly those features which seem most important.

When it has been decided to take up the business of standardization, each member of the staff should be personally seen and his support solicited and obtained. Then there should be a conference with the management in which the advantages of standardization to the institution are duly set forth, and their obligations to the public emphasized; and, finally, a public meeting should be called to which are invited the Chamber of Commerce, and various business and benevolent organizations. At this meeting are explained the reciprocal obligations, both medical, executive, and that of the public, and



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to the latter it is particularly pointed out how vital are its interests, for in return for voluntary contributions and patronage, there is protection from unnecessary surgical operations, operations by incompetent and careless surgeons, and from inefficient medical treatment in the hands of negligent or unqualified physicians. This is the first step, and secures co-operation.

The next is institutional, which begins with a careful examination of case records. This is most important for the ultimate object of medical examination is to arrive at a correct diagnosis, upon which all subsequent medical or surgical treatment is based. Without all the facts, judgment will be defective, and treatment disappointing and unsatisfactory. These case records will probably be filled with errors, inconsistencies, and omissions, and improvement in the matter of records is difficult, as the physician is often careless and superficial in his examination, or hurried in tabulating his findings. The correction of these errors on the chart is almost hopeless for although a promise is readily obtained, the fulfillment is often unduly delayed and usually disappointing. A good way to correct this condition is to request the person whose duty it is to examine the records, to grade them according to their merits. For that purpose the data are divided into four heads—to wit:

First—Personal and Family history.

Second—Physical examination, including laboratory findings, X-Ray, etc.

Third—Operative, including laboratory report on all tissues removed, or a failure to report such tissues for examination.

Fourth—Progress sheet, final diagnosis, and condition of the patient when discharged.

When this method was adopted in my hospital, the percentage rose rapidly from 85 to 95 per cent.

In grading these charts, 25 per cent is given to each one of these classes when that portion of the record is free from criticism. This improvement was probably due to the fact that the grades of the case records were read before the monthly meeting of the staff. It was further noticed in the examination of the case records that the percentage of infections following clean operations was abnormally high. This condition was recognized by persistent high temperature or through local symptoms in the wound. A record was now begun in which was noted the number of clean operative cases of each surgeon during the month with the subsequent infections, giving name of surgeon, and of the nurse preparing the operative field, and make of catgut used, with the view of placing the responsibility where it belongs, or tracing the cause to the quality of material employed. The results of this plan were most satisfactory, as it created a spirit of emulation among the members of the staff, with a result that from a high per cent of post-operative infections this rate has fallen so that in the last ninety cases there has been but one wound infection.

Another important record is that of operations for the removal of secundines in abortion, whether made necessary by disease or through an illegal preliminary operation. Hospital regulations regarding these cases are not sufficiently strict. In many cases, the criminal act has been performed before the patient enters the hospital, and in any case, there may exist a doubt in the mind of the surgeon as to the death of the embryo. In all such cases,

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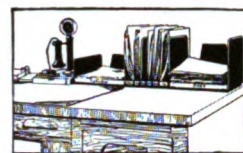
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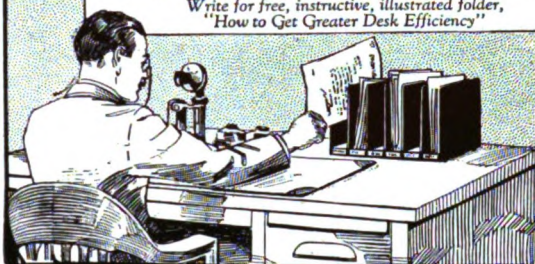
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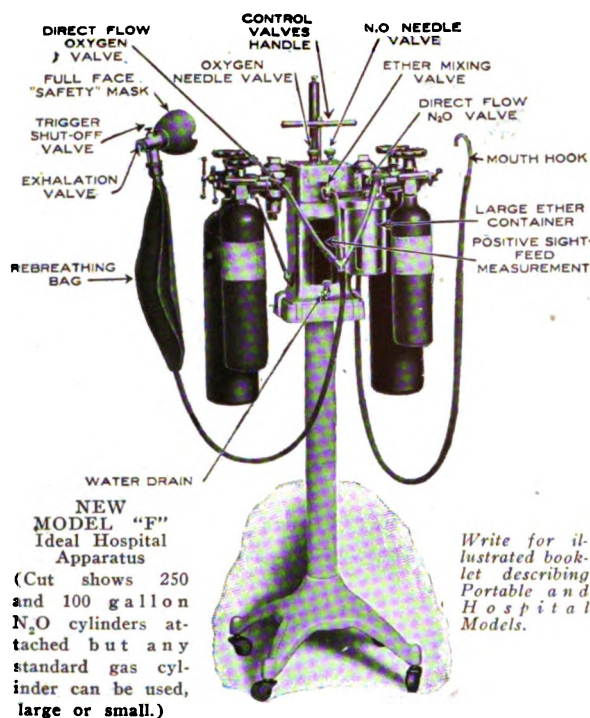
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before any operative procedure is undertaken, there should be held a consultation with some member of the staff. Furthermore, all these cases should be thoroughly investigated, with the object to ascertain the name of the surgeon or physician implicated, with the view of denying him the privileges of the hospital. The question arises, "Can an institution incorporated under the laws of the state withhold the privileges of the hospital from a physician to whom has been issued by the proper authorities the right to practice in that state?" I do not know what the law is in such cases, but it is reasonably assured that a suit for damages will not be brought which in its very nature will reveal the guilt of the plaintiff in having committed a criminal act. The operations for tonsilectomy and the extraction of teeth for the relief of rheumatic arthritis has been much abused, and in these operations, the reason for the operation should be duly set forth, and the case should be followed up afterwards to ascertain what results have been obtained.

In the obstetrical department, there is great room for improvement both as regards treatment and technique, the result of which should be of great benefit to the hospital. In all hospitals where maternity departments exist, there should be devised a uniform scheme of recording statistics, which record should cover the following data:

1. Number Deliveries.
2. Number Deaths—Mother.
3. Number Deaths—Infant.
4. Infections.
5. Forced Deliveries.
6. Traumatism.
7. Caesarean Section.

The latter should give in full detail the reason for performing the capital operation. Every hospital should know whether the mortality of the mother or infant is excessive, and that the percentage of instrumental deliveries is not abnormally high, and special care should be taken that the life of the mother should not be needlessly jeopardized by too early or too frequent resort to abdominal section.

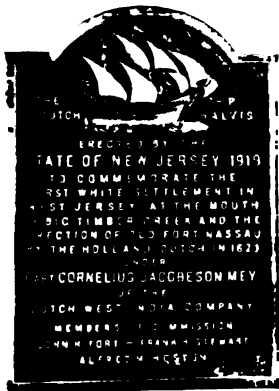
Here, then, are a few of the problems met with in standardization. Much has been accomplished already, but there is still much more to be done. We have at least made a beginning, and have demonstrated the fact that hospital standardization is not a vain theory, but a practical way of paying the obligation we owe to suffering humanity.

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Among its distinctive features will be its cancer research laboratories which will give every possible opportunity to all doctors interested in such research. It will have cancer wards isolated from the rest of the hospital and there also will be isolated apartments for tuberculosis patients. Careful attention will be given to the occupational therapy department. A convalescent department also will be provided.

The Illinois General neither has at present nor will have in its new building, expensive suites or charity wards. Patients will be accepted, however, to the capacity of the hospital, regardless of their financial responsibility. The new hospital is expected to be entirely self-supporting once it is built and equipped.



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Entire South Now Surveyed

College of Surgeons Paying Particular Attention to Hospitals Not on Last Year's Approved List

At the present time the American College of Surgeons has five visitors in the field in connection with its hospital standardization — Dr. B. W. Lowry, New York; Dr. John G. Cheetham, Pennsylvania; Dr. B. R. Weston, Minnesota; Dr. M. R. Broman, Colorado, and Dr. Carl T. Stephan, Ohio.

The entire South has been surveyed, as well as most of the territory west of the Mississippi River. Some of the central states are yet to be visited, as well as most of the middle Atlantic and New England states. Particular attention is being paid to the hospitals which were not on the approved list last year and to those which were on the approved list with an asterisk. Fifty bed hospitals which are along the route of the visitors are also being surveyed.

Dr. T. R. Ponton of the Vancouver General Hospital, Vancouver, British Columbia, will begin a survey of the Canadian hospitals for the College in a very short time. No public report of results will be available until the annual approved list of the College is published.

Since the initial meeting held in Montana on September 3 and 4, 1920, thirty state sectional meetings of the Clinical Congress of the American College of Surgeons have been held. These meetings have been well attended and have been a success. The following features are included in the program:

1. Surgical and diagnostic clinics and clinical demonstrations are conducted during the mornings by Fellows of the College, and invited associates, of the city in which the meeting is held. These clinics provide for practical demonstrations of the group method of diagnosis and teaching, in co-operation with internists, pathologists, roentgenologists, and other specialists of medicine.

2. An evening public meeting for the laity is addressed by invited laymen and surgeons; matters of vital importance to the public welfare are presented, such as the prevention of cancer and tuberculosis, physical reconstruction, hospital betterment and allied topics.

3. Scientific and literary papers relating to the art and science of surgery, are presented at meetings by local surgeons of prominence and by distinguished surgeons from other localities.

4. A special afternoon meeting devoted to hospital standardization is also held to which superintendents, members of boards of trustees, staff members and other interested persons are invited to attend. Staff members of the College present the work of the College in hospital standardization; superintendents of hospitals discuss the practical application of the Minimum Standard in their institutions; and physicians and surgeons cast individual sidelights and reflections on the problem.

The following program of the hospital conference of the West Virginia Sectional Meeting, held on April 18, serves as a representative example:

"The Standardization Program of the American College of Surgeons," Judge Harold M. Stephens, director of hospital activities, American College of Surgeons.

"The Program of the American College of Surgeons as Applied to Catholic Hospitals," Reverend

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"Experience with the Standardization Program of the American College of Surgeons, from the Surgeon's Standpoint," John E. Cannaday, M. D.

"Experience with the Standardization Program of the American College of Surgeons, from the Hospital Superintendent's Standpoint," J. Ross Hunter, M. D., Huntington.

Discussion, opened by Frank L. Hupp, M. D., Wheeling.

Some Recent Books

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STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912,

Of Hospital Management, published monthly at Chicago, Ill., for April, 1921.

State of Illinois, county of Cook, ss.

Before me, a notary public in and for the State and county aforesaid, personally appeared Kenneth C. Crain, who, having been duly sworn according to law, deposes and says that he is the business manager of Hospital Management and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

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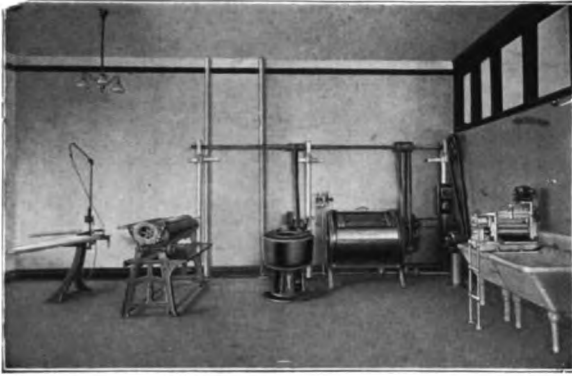
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5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above. (This information is required from daily publications only.) Kenneth C. Crain.

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[Seal.]

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THE System of Hospital Case Record Forms devised by the American College of Surgeons has been in use in many hospitals for upwards of two years. From time to time new forms have been added as experience has shown the need. The College has issued a new bulletin covering these additions which has been mailed to all hospitals.

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Next in importance to the keeping of accurate case records is an adequate system of filing. We supply loose-leaf binders for temporary filing, and filing cases with indexes for permanent file.

If you have not received our catalog and price list, we will be pleased to send upon request



Indiana Hospitals Organize

(Continued from page 42)

Dr. David Ross, surgeon, St. Vincent's Hospital, Indianapolis.

Dr. F. A. Loop, Lafayette.

Dr. C. Richard Schafer, medical advisor, Protestant Deaconess Hospital, Indianapolis.

Dr. R. G. Ikins, Lafayette.

Dr. Charles B. Kern, Lafayette.

Dr. J. C. Burkle, M. D., Lafayette.

Dr. George R. Tubbs, Lafayette.

Robert E. Neff, administrator, R. W. Long Hospital, Indianapolis.

Dr. W. M. Reser, Lafayette.

Dr. C. Agnes Jones, Lafayette.

Dr. Adah McMahan, Lafayette.

Dr. F. L. Pyke, Lafayette.

Dr. M. N. Hadley, Indianapolis.

Dr. D. C. McClelland, Lafayette.

Dr. O. E. Griest, Lafayette.

Dr. Floyd Romberger, Lafayette.

Dr. A. B. Coyner, Lafayette.

Dr. G. R. Clayton, Lafayette.

George F. Beasley, Lafayette.

Dr. M. M. Lairy, Lafayette.

Dr. John S. Morrison, Lafayette.

Dr. J. W. Shafer, Lafayette.

Bernetha M. Smith, R. N., superintendent Muncie Home Hospital, Muncie.

Dr. C. V. Davisson, Lafayette.

Dr. E. Van Reed, Lafayette.

Dr. Edgar H. Myers, Epworth Hospital, South Bend.

Dr. G. K. Throckmorton, Lafayette.

Dr. Edna Humphrey, secretary of state board of nurse examiners and registration of nurses, Crawfordsville.

Dr. F. P. Hunter, Lafayette.

Dr. McCay, Otterbein.

Dr. O. W. Cheoweth, Lafayette.

Dr. Wray, Lafayette.

Dr. F. B. Thompson, Lafayette.

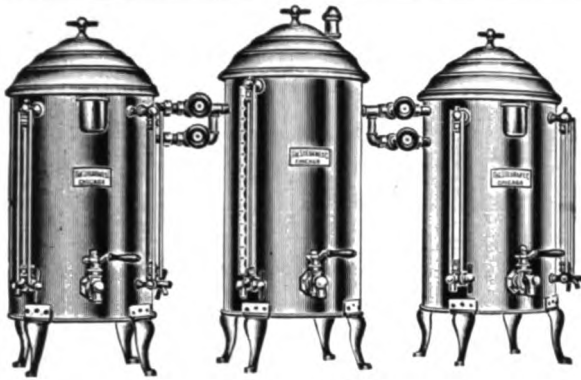
Dr. Stone is Superintendent

Announcement is made of the acceptance by Dr. George H. Stone, of the Peter Bent Brigham Hospital, Boston, of the appointment as superintendent at the Eastern Maine General Hospital, Bangor. Dr. Stone is a native of Portland. He received his A. B. degree from Bowdoin College and his M. D. from Bowdoin Medical School. After service as intern at the Maine General Hospital at Portland, he was in private practice three years in Massachusetts and again entered hospital work as intern at Boston City Hospital, in which capacity and as executive assistant he spent three years.

Since 1915 he has been successively third, second and first assistant superintendent at the Peter Bent Brigham Hospital.

Dr. Stone was captain in the Medical Corps at the U. S. Army Base Hospital at Camp Devens, and at present holds the rank of captain in the U. S. Army Medical Reserve Corps.

The Eastern Maine General Hospital is a hospital with a large endowment, modern equipment, an able and interested staff and a daily average of 114 patients.



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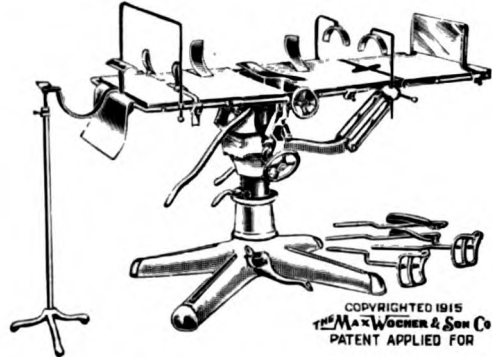


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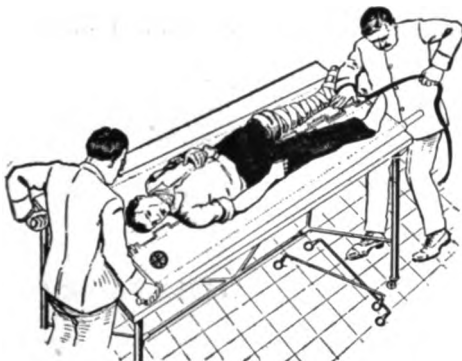
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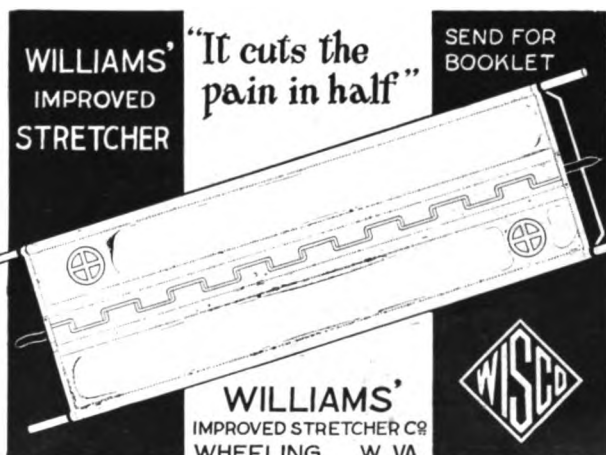
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may cost a bit more on the initial but the cost in dollars and cents per actual year of satisfactory service means a saving to the buyer.

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Hospital Calendar

- Ohio Hospital Association, Cleveland, May 16-20.
- Oklahoma State Hospital Association, McAlester, May 18, 1921.
- Wisconsin Hospital Association, Milwaukee, May 25-26, 1921.
- American Medico-Psychological Association, Boston, May 31-June 3, 1921.
- Michigan Hospital Association, Ann Arbor, June 7-8, 1921.
- Catholic Hospital Association, St. Paul, June 21-24.
- American Association of Industrial Physicians and Surgeons, Boston, June, 1921.
- American Association of Hospital Social Workers, Milwaukee, June 22, 1921.
- American Medical Association, Boston, June, 1921.
- National Tuberculosis Association, New York, June, 1921.
- British Columbia Hospital Association, Kamloops, July 6-8, 1921.
- American Hospital Association, West Baden, Ind., September 12-16, 1921.
- American Conference on Hospital Service, West Baden, September, 1921.
- Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.
- Protestant Hospital Association, West Baden, Ind., September 12-16, 1921.
- Mississippi Valley Conference on Tuberculosis, Columbus, O., September 12, 13, 14, 1921.
- Kansas Hospital Association, Newton, October 20, 1921.
- American College of Surgeons, Philadelphia, October 24-29, 1921.
- American Dietetic Association, Chicago, October 24-26, 1921.
- National Society for the Promotion of Occupational Therapy, Baltimore, Md., October 20-22, 1921.
- New Jersey Hospital Association, Atlantic City, 1921.
- American Nurses' Association, Seattle, 1922.
- National Organization for Public Health Nursing, Seattle, 1922.
- NATIONAL HOSPITAL DAY, May 12, 1922.

U. S. Wants Roentgenologists

Roentgenologists and reconstruction aides are needed by the U. S. Public Health Service according to a recent bulletin from the U. S. Civil Service Commission which will hold open competitive examinations throughout the United States. Information may be obtained from the United States Civil Service Commission, Washington.

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(The sodium salt of silver-diamino-dihydroxy-arsenobenzene)

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The physicians who are administering the product are well satisfied with the results obtained. Silver-Salvarsan effects a more rapid disappearance of the contagious lesions than the other forms of Salvarsan and practically no reaction follows its administration.

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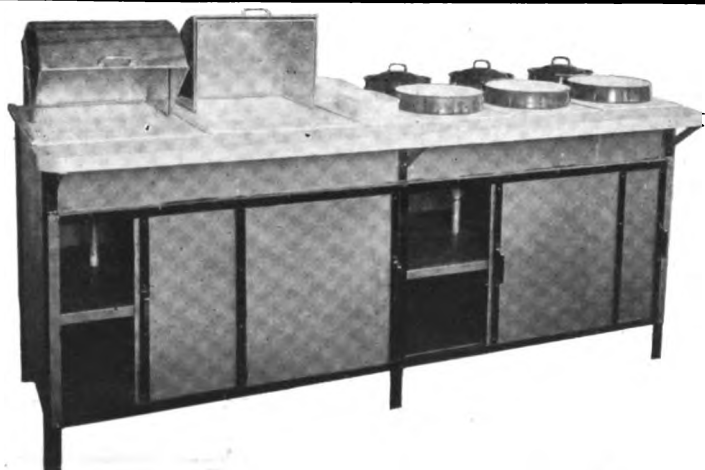
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The Chicago Lying-In Hospital offers a four months' postgraduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of \$10 per month to cover incidental expense.

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150 Gynecological Beds
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Offers to graduates of Hospitals giving at least a two years' course, and to training Schools desiring an affiliation, a Six Months' Course in Gynecological and Obstetrical Nursing. Sterilizing and Operating Room Technic, Out-Patient and Cystoscopic Clinics, Hospital Administration and Ward Management.

Courses of lectures are given each day by Attending Staff and the Pathologists, also class work by Resident Instructor.

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Attendants are employed as nurses' helpers on each ward.

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Nurses receive a salary of \$25.00 per month and maintenance.

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WANTED—EXPERIENCED SURGICAL nurse as surgical supervisor and instructor of nurses, in 110-bed hospital recently completed. Salary and maintenance. Give full details. Address Methodist Hospital, Peoria, Ill. 4-21

WANTED—PUBLIC HEALTH NURSES for positions in Cleveland. Vacancies in the Municipal Department of Health. Applications should be made to Central Committee of Public Health Nursing, 2157 Euclid Ave., Cleveland, Ohio. 5-21

DIETITIAN—WANTED AT ONCE, EXPERIENCED dietitian, for private hospital of forty beds, with small training school, in Alabama. Salary \$125 a month, with full maintenance. Address Vaughan Memorial Hospital, Selma, Ala. 6-21

DIETITIAN AND HOUSEKEEPER WANTED—Number of beds, 125; number of nurses, 50 salary, \$75, with a maximum of \$90 per month. Room and board. Location, Paterson, N. J., 15 miles from New York City. Apply Paterson General Hospital. 5-21

WANTED—COMPETENT DIETITIAN FOR Harper Hospital, Detroit, experienced in institutional work and capable of teaching a class in advanced dietetics. Address Dr. Stewart Hamilton, Superintendent. 4-21

ASSISTANT SUPERINTENDENT—Wanted, assistant superintendent. Robinwood Hospital, 2517 Robinwood avenue, Toledo, Ohio. 5-21

INSTRUCTRESS OF NURSES WANTED—Give full particulars and salary expected in first letter. Apply W. C. H., care HOSPITAL MANAGEMENT. 5-21

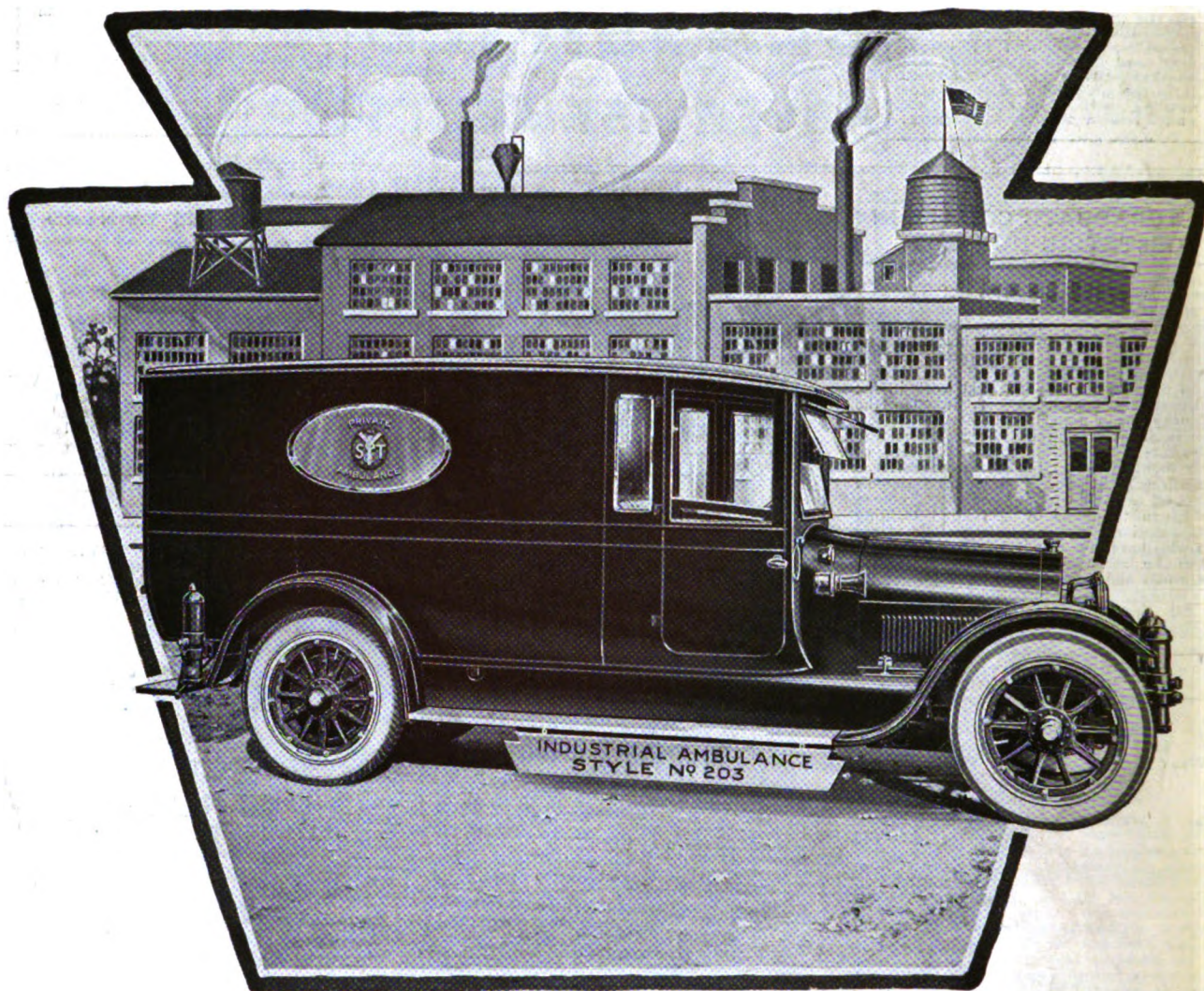
NURSES DESIRING HOSPITAL POSITIONS should communicate with Drivers Nurses Registry, N. E. Cor. 33d and Charlotte Sts., Kansas City, Mo. tf

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HOSPITAL MANAGEMENT

Vol. XI June, 1921

No. VI

In This Issue:

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ports—Pages 24, 28, 32, 39

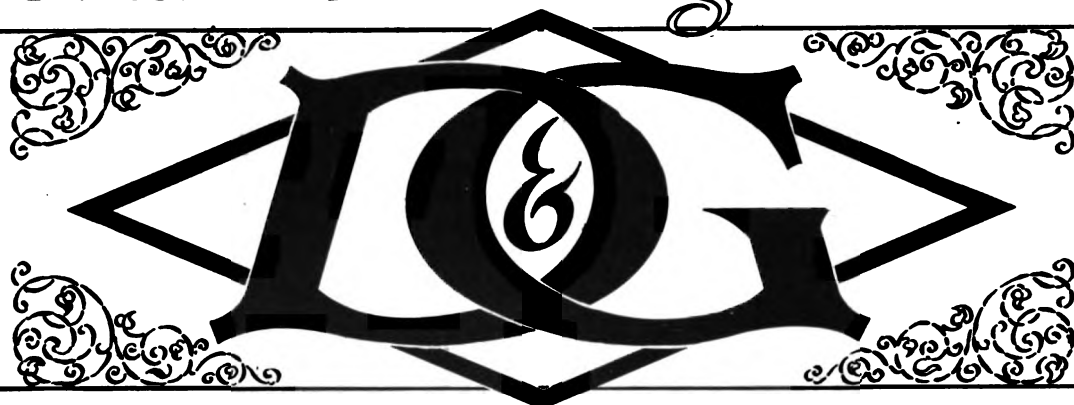
Hospital Day
Honor Roll — Page 42

The Trouble with
Your Hospital—Page 49

Health Service
in New England—Page 58



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<p><i>The above diagram represents the position of our exhibits in the College of St. Thomas Armory. They are in Section F, which is right on the main aisle.</i></p>				F No. 6 <i>KITCHEN EQUIPMENT</i>

The above diagram represents the position of our exhibits in the College of St. Thomas Armory. They are in Section F, which is right on the main aisle.

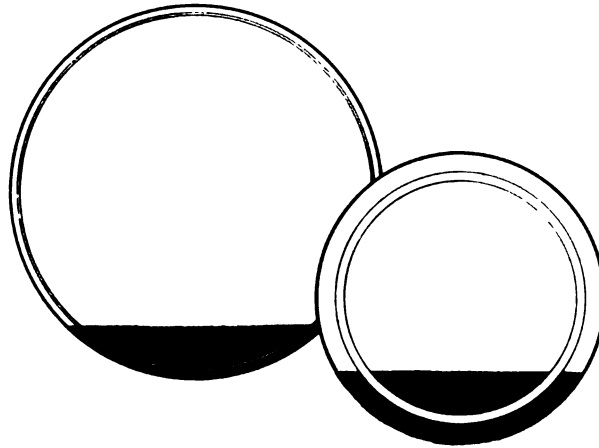
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- Booth No. 6** We will offer special values in Surgical White Enamel Ware that every Hospital buyer should see. We are also showing the latest ideas in labor-saving devices and a general line of Kitchen Equipment. Mr. P. Fitzgerald in charge.

Mr. F. L. Fischer will be in charge of our exhibits.

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208-224 WEST RANDOLPH STREET, CHICAGO, ILLINOIS

This is a cross-sectional view of the inner and outer cylinders of a Cascade Washer. Space between the inner and outer cylinders has been reduced in this washer to $\frac{3}{8}$ of an inch. Only $7\frac{1}{2}$ gallons of water, including that standing in the piping, are required to reach the inner cylinder.



This is a cross-sectional view of the inner and outer cylinders of the ordinary Washer. Notice the wide space between the inner and outer cylinders—1 to $1\frac{1}{2}$ inches, plus the inch thickness of the wooden cylinder. This space must be filled with water and supplies that perform no work. Elimination of this space in the Cascade is only one of the reasons why water and supplies are saved.

1 MINUTE—

to the heart of the load

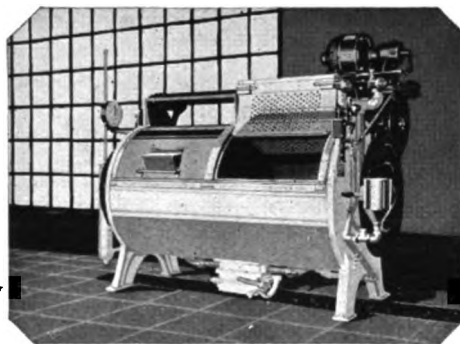
The life of linens, cottons and woollens in your hospital service depends somewhat on the tensile strength of the materials but largely on the length of time each has to be washed in the laundry.

In a wood washer, from five to seven minutes is required for the washing solution to penetrate to the heart of the load. In a Cascade Washer this penetration is accomplished in *one minute*. A load which takes one hour and a half to two hours in the ordinary washer is

thoroughly cleansed in the Cascade within 30 to 50 minutes. Any superintendent can figure what this means in the saving of hospital fabrics.

The Cascade also insures the hospital a saving in water costs, cost of supplies, and power.

We can estimate how much it will save for your hospital if you write us the number of pounds of work you handle, the washers and extractors you use and the labor you require. This estimate will be mailed immediately on request.



The American Laundry Machinery Co.

New York

Cincinnati

Chicago

San Francisco

Canadian Factory: Canadian Laundry Machinery Co., Ltd., Montreal, Canada.



Towels that serve every purpose

THERE is a Cannon turkish or huck towel for every conceivable hospital purpose. In hospital administration it is a fact that the use of special purpose towels has gone far to promote sanitation and economy.

Today, Cannon Name Towels are giving a distinctive service in many of the leading hospitals of the country.

Hospital executives have learned the economy of high grade cotton towels. At their price, Cannon towels offer the finest value that you can buy. They are made of extra quality cotton yarn. Bleached and finished by the special Cannon process, they have a quality appearance that is not marred by frequent launderings. They wear well. They are unusually absorbent.

Name towels are woven to order in lots of 50 dozen bath or 100 dozen huck towels. Look for the Cannon trademark on every towel.

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CANNON MILLS, Inc.
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CANNON TOWELS

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At Dealers
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APRONS, CAPS, CUFFS, UNIFORMS

is a guarantee of service, durability and comfort

Every Garment Lock-Stitched

Leading numbers illustrated. Samples of them
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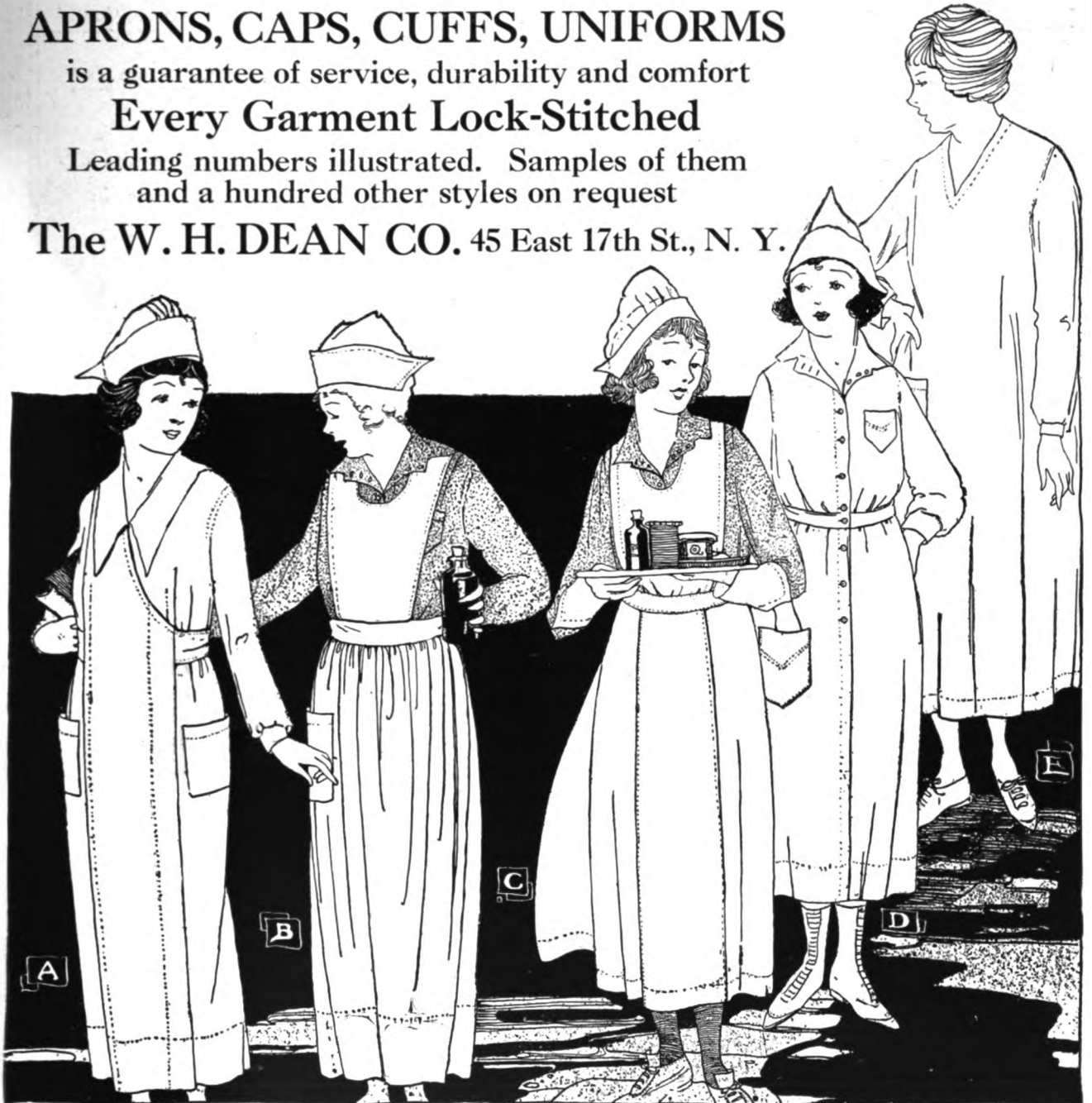


ILLUSTRATION A. No. 718—Conservation made from Fruit of the Loom, large pockets, two-button sleeves, sizes 38 and 42, belt adjustment. \$3.50 ea. or net per dozen \$33.50
No. 1216—Cap, made of Fruit of the Loom, 25c ea. or net per dozen \$2.25
ILLUSTRATION B. No. B478—Apron, 72 inches wide, made from Fruit of the Loom, broad bib, large pocket, band sizes 26 to 36 with pearl buttons. \$2.50 ea. or net per dozen \$17.00
No. 2153—Same style as above without bib. \$1.50 ea. or net per dozen \$13.00
No. 1311—Cap, made from Pearl Cloth, with button adjustment. 75c ea. or net per dozen \$5.00

No. 722—Uniform made from Amoskeag Blue or Grey Chambray, convertible collar, surgical four-button sleeve, two pockets, sizes 34 to 46. \$3.50 ea. or net per dozen \$36.00
ILLUSTRATION C. No. B2165—Apron, made from Cambric, gored waist band, sizes 26 to 36, with buttons, with broad bib bound with white bias binding. \$1.75 ea. or net per dozen \$15.75
No. 295—Style as shown above without bib. \$1.25 ea. or net per dozen \$11.00
No. 1287—Cap made of Pearl Cloth. 50c ea. or net per dozen \$4.50
No. 1290—Cuffs made of Pearl Cloth, hemstitched ends. 50c ea. or net per dozen \$4.25

ILLUSTRATION D. No. 714—Uniform made from Indian Head, convertible collar, four-button surgical sleeves, two pockets, sizes 34 to 46. \$3.50 ea. or net per dozen \$30.00
No. 724—As above, made of Fruit of the Loom. \$3.50 ea. or net per dozen \$30.00
No. 1289—Cap made from Pearl Cloth, hemstitched. 40c ea. or net per dozen \$3.00
ILLUSTRATION E. No. 707—Apron, made of Cambric "V" neck, long sleeves, with pocket, sizes 36, 38, 40 and 42. \$2.50 ea. or net per dozen \$19.50
No. 707—Same as above, sizes 44 and 46. \$3.00 ea. or net per dozen \$23.00

Terms: 2% 10 days; 30 days net.

Our Trade Mark  **"Stanley Quality"**
**on Hospital Supplies means the essence
 of perfection. It is the emblem of our
 confidence in the goods we manufacture**

Cheapness COSTS More Than Quality

The hospital that buys the highest quality supplies and equipment effects a saving in service many times more valuable than the difference in the initial cost.

Rubber Goods

Gloves Sheeting
 Hot Water Bottles
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 Operating Cushions
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 Rectal Tubes
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Hospital Furniture

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Hypodermic Syringes

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Sutures and Ligatures Sterile—Unsterile

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Graduates Flasks
 Funnels Medicine Glasses
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 Forceps

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Manufacturers, Importers, Distributors of

Supplies and Equipment for Medical and Surgical Institutions

118-120 East 25th Street

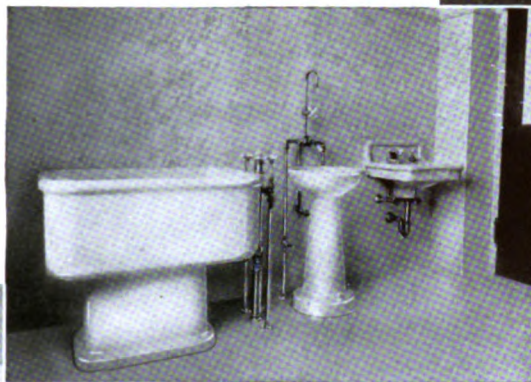
NEW YORK

**If our salesman has not yet called on
 you with our line of Hospital Supplies
 and you are interested, write us.**

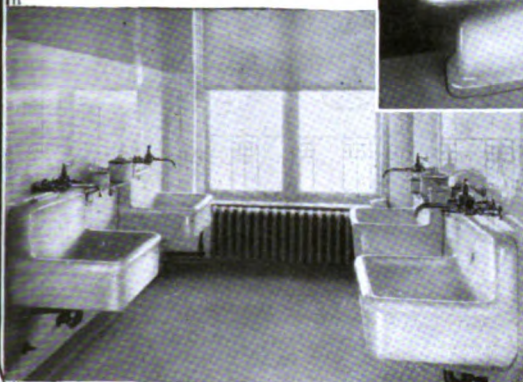
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Ann Camden Memorial Hospital
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is an essential requirement of hospital service,
and great care should be exercised in the
selection of the proper equipment.

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represents a product of established reliability
that complies with all requirements and
assures convenient and continuous service.

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The Clearing House is established as a department of Hospital Management for assisting buyers in choosing the right kind of supplies and equipment—and to see that they secure the best service from manufacturers.

The Clearing House can secure for you without charge catalogs and literature describing any product that you may be interested in. It can tell you where to secure any kind of material—place before you full information about anything you intend to purchase now or later. It can help you to secure prompt deliveries and right prices.

To get this information quickly, look over the items listed opposite, fill in the coupon below, tear it out and mail it to the Clearing House and your inquiry will receive prompt attention. There is no charge for this service.

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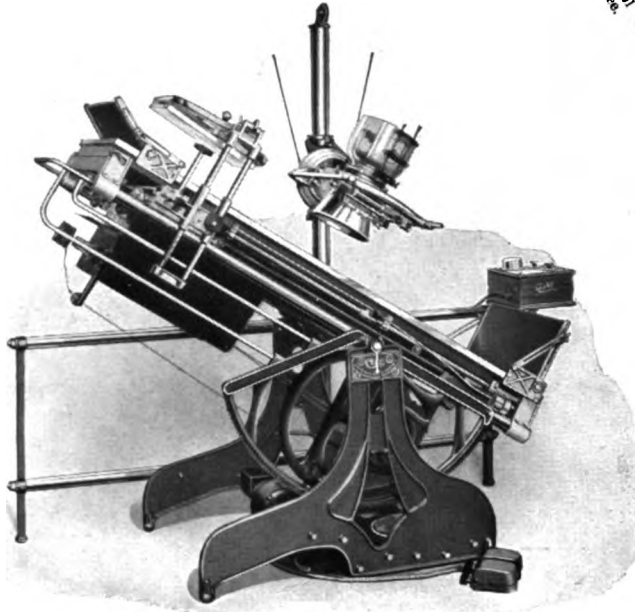
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With That of the Old Style
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14 Points on the Clinix

- 1—Takes the place of radiographic table, horizontal fluoroscope, vertical plate changer, vertical fluoroscope, trolley system, interrupterless or other transformer and control.
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- 3—Head of table drops to Trendelenburg position for noting displacement of stomach, intestines, fluids, etc.
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- 5—After locating part on fluoroscopic screen, plate made for permanent record by same tube under table.
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- 8—No corona to light up room and kill fluoroscopic image.
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We Love to Make Them!

THE making of Dix-Make Uniforms is more than just a business with us—it is our hobby as well. We love to make them! We would rather make these severely tailored, yet sensible and becoming Uniforms than the most elaborate of gowns. There is something about a Nurse's Uniform which always held to us a strong appeal.

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You can tell the genuine if the name label "Dix-Make" is stitched into the garment. That label is for your protection as well as ours.

Sold and recommended by leading Department Stores all over the country.

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HENRY A. DIX & SONS COMPANY
Dix Building **New York City**

Ask to see our new white IRISH POPLIN Uniform No. 667



No. 400

The authorized government uniform during the war. Of superior quality Dixie Cloth; women's and misses' sizes.

Price reduced to **\$5.00**
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Here are **VULCAN** Gas Ranges for the smaller Kitchens

For the hospital diet kitchen or for the smaller private hospitals and sanitariums, Vulcan Gas Cafe Ranges are just the thing.

They don't cost quite so much as the standard Vulcan Gas Range and space requirements are less. But they will broil, stew, roast, bake or do short order work to perfection.

In fact, they're wonderful cookers and do a lot to cut down kitchen costs.

Sturdily built from the ground up—inside and out.

Half of each broiler can be used independently—a marked economy.

Shelves, broilers and salamanders in several combinations.

Be sure to specify Vulcan and you may be sure you make no mistake. Write for catalog.

WM. M. CRANE COMPANY

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*Pacific Coast Distributor: Northwest Gas & Electric Equip. Co.,
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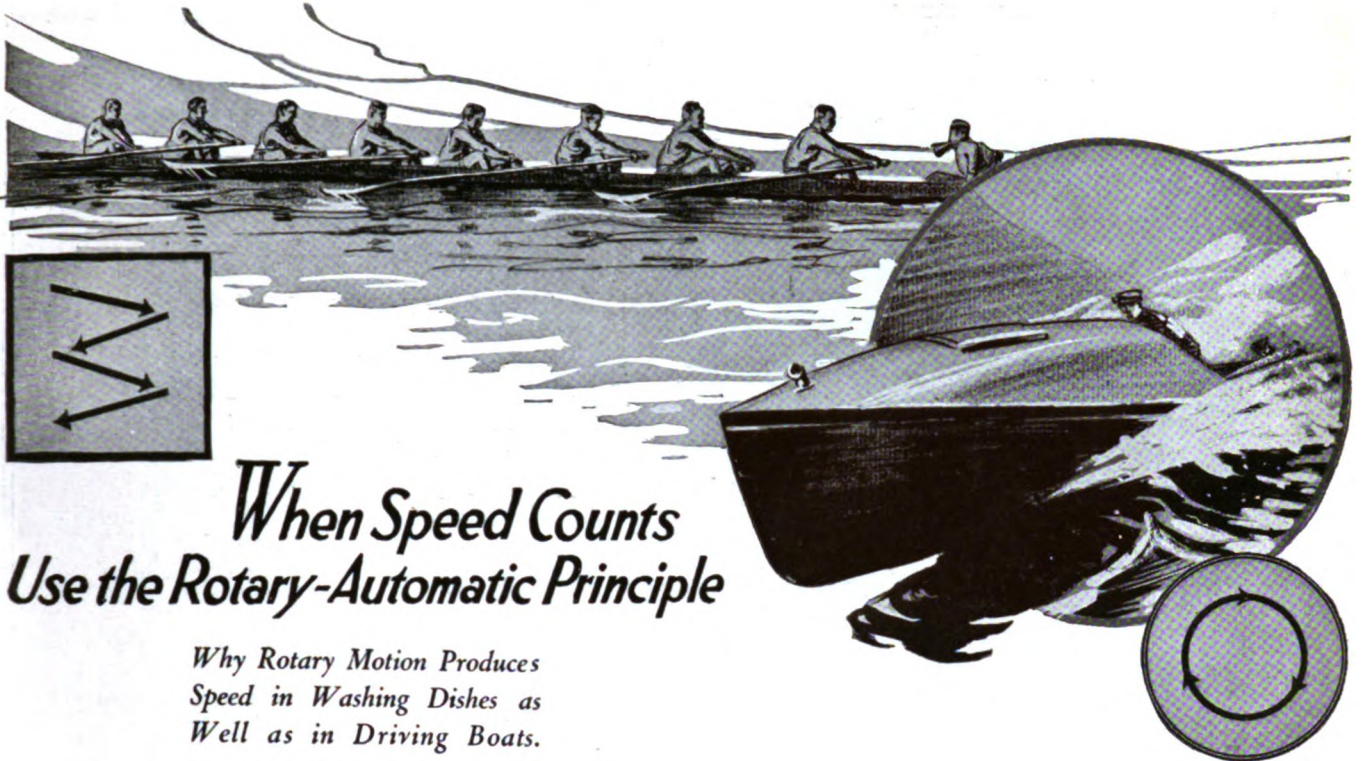
NO. 560 VULCAN Gas Range with No. 775 Broiler. Solid all-hot top heated by three ring burner. Fire brick surrounding burner retains a tremendous amount of heat and enables operator to maintain a practical cooking temperature with one or two rings shut off. A great saving of gas.



NO. 561 VULCAN Gas Range with No. 781 Broiler for work that requires large cooking surface. Same construction as No. 560. Ovens give splendid results. Doors are slam-proof and do not break down. Can be connected in combination with No. 560 to give any top or oven capacity.

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When Speed Counts Use the Rotary-Automatic Principle

*Why Rotary Motion Produces
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Well as in Driving Boats.*

INTERMITTENT drive versus **Rotary Automatic** drive is the improvement which, in many mechanical devices, results in greater speed and accomplishes better results.

Dishwashing engineers have found in the Rotary-Automatic principle a wonderfully economical method of securing maximum speed with a minimum of labor as compared with the intermittent, packing-in-baskets method of washing dishes, which is much slower and requires double the labor.

In basket-type dishwashing machines, the process is complicated with eleven operations—nine of which are useless and cause many delays.

Contrast this with Autosan Model "B", which allows hospitals and institutions serving 1,000 persons per meal, the maximum efficiency through its rotary automatic method of washing tableware. Dishes are simply placed on the rotary conveyor with one hand, passing through washing, rinsing and steriliz-

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China is placed directly upon the conveyor, eliminating payroll wastage and reducing breakage to practically nothing.

Write for illustrated booklet KB-43, showing how Autosan eliminates nine useless motions, and names of our distributors in your territory.

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Building fund raised in seven days.
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Total subscribed by public, \$150,421.
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Clean and Bright Hospital Walls

The old-time barren cheerlessness of hospital walls is being replaced rapidly by tasteful decoration that radiates cheerfulness and cleanliness.

Are the walls of your hospital as attractive and cheerful as they might be?

Dutch Boy White Lead and Flatting Oil

An ideal paint for hospital walls. Gives a soft, restful finish—devoid of unpleasant glossiness. Walls painted with this Dutch Boy lead-and-oil paint can be washed as readily as tile—with soap, water and a cloth.

And such walls do not chip, peel or scale. Therefore the cost of upkeep is considerably less wherever this famous paint is used.

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The Second Great War MEDICAL and Hospital List

Look Over These Representative Items From Medical & Hospital List No. 10

The complete list will show you full data on sizes and quantities, manufacturer, etc., of the following supplies. Send for the List No. 10.

Aprons, rubber.
Bags, ice, rubber.
Bags, hot water & syringe.
Bandages—elastic, gauze, paper, gauze roller, muslin, and rubber (Martin).
Basins, rubber.
Basins, operating room.
Bedpans.
Beds, fracture, folding.
Blankets, rubber.
Blankets, white.
Boxes, tablet.
Boxes, ointment.
Boxes, fracture.
Ceraline.
Cotton, absorbent.
Cotton bats.
Crutches.
Cushions, rubber.
Eye shades.
First aid packets.
Individual dressing packets.
Jars, for dressings.
Litters.
Mortars and pestles.
Pails.
Pill tiles.
Pus basins.
Sheets, impervious cloth.
Sheets, cotton.
Scissors.
Shirts, cotton.
Shoes & slippers.
Spatulas.
Stoves, alcohol.
Syringes: ear, ulcer & fountain.
Tables: bedside, mess, instrument and operating.
Tourniquets & bandage, rubber.
Trays, instrument.
Webbing, O. D., 2.8 inches.

Hospitals & Clinics

Special consideration will be given the bids placed by hospitals, clinics and other public institutions.

A Million-Dollar Stock From Which To Fill Your Needs for the Coming Year

Medical & Hospital List No. 10 gives the keen judicious buyer a world of opportunity for obtaining quality equipment and supplies for the hospital or store at America's greatest source of supply. Those familiar with the other great WAR DEPARTMENT medical sales need no further introduction to know there are exceptional chances in this sale.

Bids must be received not later than June 21 at the office of the Surgeon General of the Army, Washington, D. C. Write today for the complete million-dollar list, make your selections, and place your orders early. You will find in the list a plentiful quantity from which to make your choice, with wide assortments in sizes, etc. The quality and workmanship will appeal to your professional judgment.

Call the attention of your purchasing agent to this great new sale—send for complete list.

Buying groups may be formed to facilitate purchase and shipment. Bids of such groups are to be submitted through a single representative bidder.

Send for Medical &
Surgeon General,
Surplus Prop

Munitions Bldg.,

WAR DEPARTMENT

Send for Bulletin Listing All

Surgeon General Department Sale— HOSPITAL SUPPLIES No. 10

Surgeon General



U. S. ARMY

Conditions of Sale

All goods will be sold "as is," "where is" and under no circumstances will a refund or adjustment be made on account of supplies not coming up to the standard of expectation.

Bids must specify the item number, name of commodity, unit bid, quantity desired, and total bid for each commodity on which offer is made. No special form of bid is necessary. Bids may be made by letter or telegram.

A deposit of 10% in certified check or money order must accompany all proposals.

Checks are to be made payable to

SURGEON GENERAL, UNITED STATES ARMY.

All property must be removed within 30 days of notification of award and must be paid for in full before removal.

All awards are made subject to prior sale. The Government reserves the right to reject any or all bids, or any part thereof.

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The commodities offered are located at various points throughout the United States, and many will be found conveniently near you. Send for the bulletin, which gives this data.

Inspection is invited. Obtain permits from the Medical Supply Officer at any of the following addresses:

New York.....	1st Ave. & 59th St., Brooklyn, N. Y.
Washington.....	21 M St., N. E.
Atlanta.....	Stewart Ave. & Glenn St.
Chicago.....	1819 West 39th St.
St. Louis.....	500 North 4th St.
San Francisco.....	The Presidio of San Francisco
San Antonio.....	South Medina St.



Sale by Informal Bid

submitted to

Surplus Property Section

Office of the Surgeon General,
Room 1060, Munitions Bldg.,
Washington, D. C.

Bids close at 10 a. m.
Eastern Time,

June 21, 1921

See conditions of sale.

Hospital List No. 10

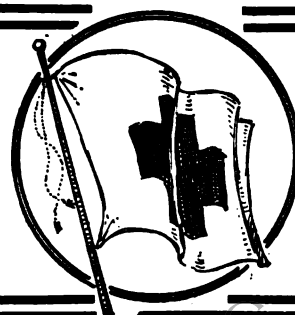
United States Army

Property Section

Washington, D. C.

Surplus Property Sales

Items Offered in this Great Sale



Our Trade Mark  "Stanley Quality"
**on Hospital Supplies means the essence
 of perfection. It is the emblem of our
 confidence in the goods we manufacture**

Cheapness COSTS More Than Quality

The hospital that buys the highest quality supplies and equipment effects a saving in service many times more valuable than the difference in the initial cost.

Rubber Goods

Gloves Sheeting
 Hot Water Bottles
 Ice Caps
 Operating Cushions
 Invalid Cushions
 Tubing Catheters
 Rectal Tubes
 Stomach Tubes, etc.

Hospital Furniture

Operating Room
 Ward
 Private Room

Hypodermic Syringes

Enameled Ware

Pitchers Basins
 Pus Basins Trays
 Irrigators Urinals
 Bed Pans Douche Pans
 Funnels Dressing Jars

Sutures and Ligatures Sterile—Unsterile

Glass Ware

Graduates Flasks
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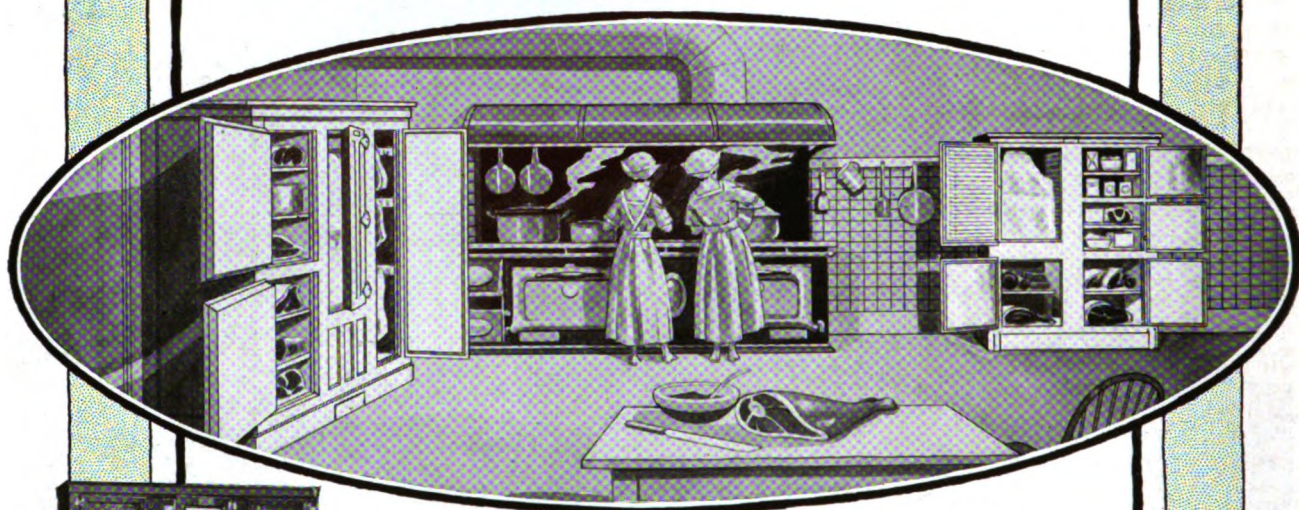
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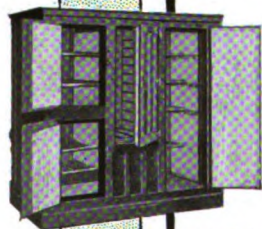
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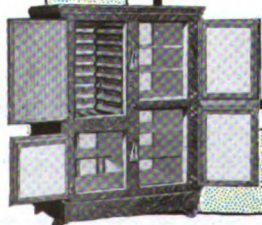
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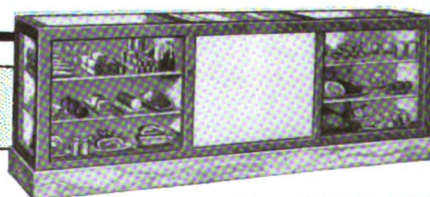
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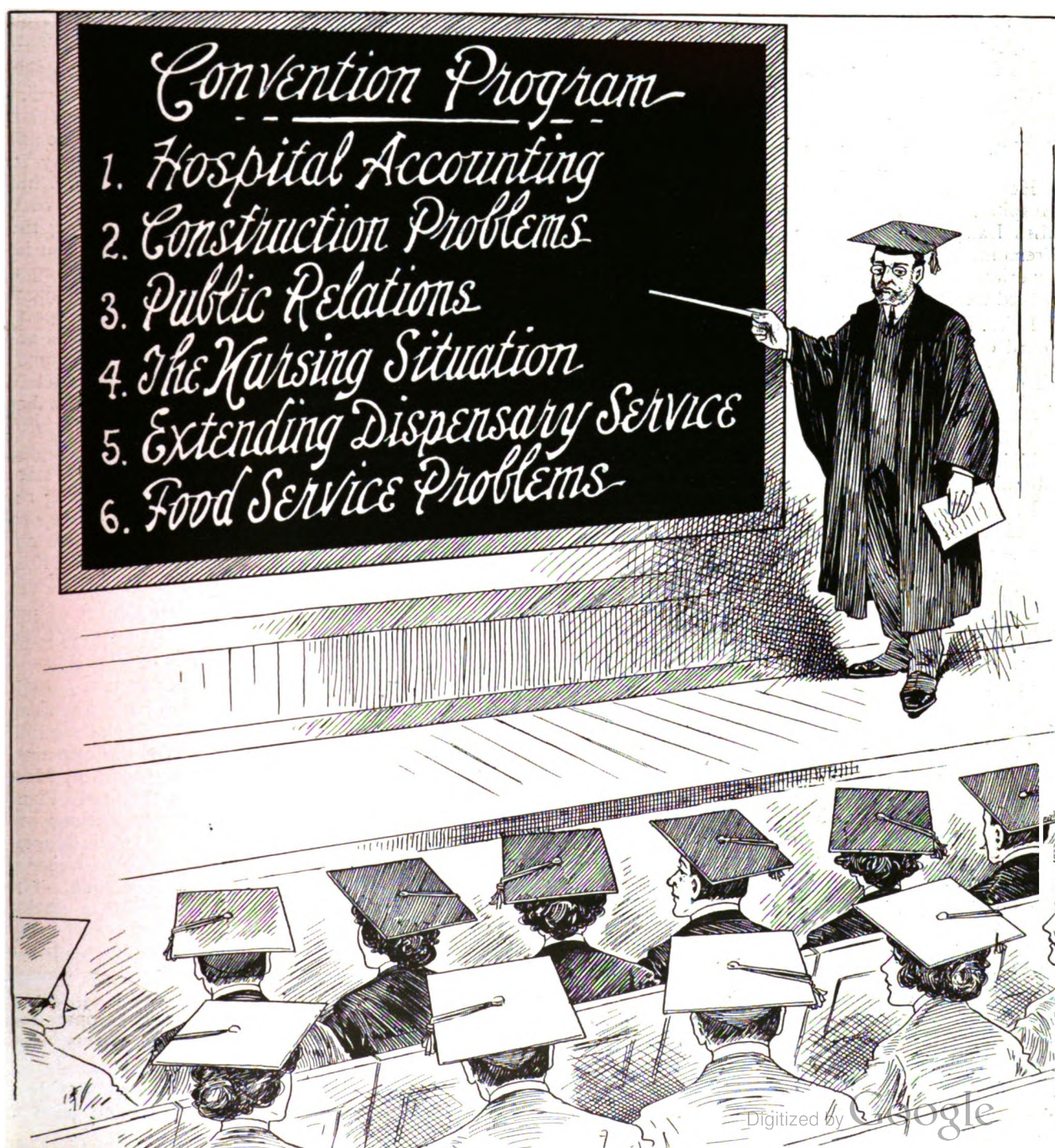
June, 1921

HOSPITAL MANAGEMENT

537 S. Dearborn
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Published in the Interest of Executives in Every Department of Hospital Work

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Bachmeyer Heads Ohio Association

Superintendent of Cincinnati General Hospital Elected President at Seventh Annual Convention of Buckeye Institutions

Dr. Arthur C. Bachmeyer, superintendent, Cincinnati General Hospital, was chosen president of the Ohio Hospital Association at its seventh annual convention at the Hotel Winton, Cleveland, May 16-18. The annual gathering of members of this, the oldest state association in the country, brought out a representative attendance and the three days were spent in interesting discussions of current hospital questions.

The necessity of more active co-operation on the part of the hospitals with the association and of a greater membership was emphasized during the meetings and steps were taken to bring the advantages of affiliation with the organization before every institution in the state.

Reaffirmation of the principle of cost for service for industrial commission cases was unanimously made, this policy having met with the approval of the hospitals during its test of nearly a year.

YEARICK FIRST VICE PRESIDENT

Henry G. Yearick, general superintendent, City Hospital, Akron, was chosen first vice president and Miss Daisy Kingston, superintendent, City Hospital, Fremont, second vice president. Dr. E. R. Crew, superintendent, Miami Valley Hospital, Dayton, was named treasurer.

P. W. Behrens, retiring president, was elected to the board of executive committee. Miss Elsie Druggan, Mansfield General Hospital, succeeded Miss Mary Surbray on this committee, Miss Surbray having left the state.

A feature of the convention was the well arranged exhibit section on the mezzanine floor of the hotel, adjoining the entrance to the convention hall.

In the absence of P. W. Behrens, superintendent, Toledo Hospital, Dr. Bachmeyer presided at the opening session Monday afternoon and read President Behrens' address. The shortage of nurses was a topic touched on by Mr. Behrens who ascribed this to the popular belief that pupil nurses must work long hours and engage in menial work. He asserted that eight hours were only just and necessary to the health of the nurses and he suggested that greater interest could be aroused in nursing if the advantages of the profession were made known regularly to girls in the junior and senior classes of the high schools. The physicians and surgeons on hospital staffs, Mr. Behrens also pointed out, could do a great deal toward recruiting nurses by telling those with whom they come into contact of the rewards of the profession.

Mr. Behrens' address closed with an appeal to members of the association to interest themselves in building up the organization which, he said, represented about 75 per cent of the beds in the state, but only 40 per cent of the hospitals. A stronger association will wield more force before the legislature and other bodies before which the hospitals must appear, he added, and urged the members to interest trustees in the association and in attending the conventions.

The report of Mr. Chapman as executive secretary told of the unusual activity of the legislature in regard to matters affecting public health which necessitated

eight trips by the secretary to Columbus. The past year, Mr. Chapman pointed out, demonstrated the need for closer co-operation among the hospitals which are assuming greater responsibilities each year. The speaker asked that there be no division among the members because of the size of their institutions, but that all work together and formulate a program that will have the unqualified support of all the hospitals. A larger membership and a more active interest on the part of trustees were other goals of the association, according to the report.

The first formal paper was by Raymond F. Clapp, assistant director, Welfare Federation of Cleveland, on "What Does Proper Recording of Hospital Performance Mean, and What Are Its Benefits?" This paper is reproduced on another page.

Dr. C. F. Holzer, Holzer Hospital, Gallipolis, discussed this subject from the standpoint of the small hospital, his most significant remark being that he not only found that a complete record system easy to maintain, but a great deal of fun. He explained that office employees took genuine pleasure in checking over the records from time to time and in analyzing the work of the hospital. Dr. Holzer said that when he investigated his accounts preparatory to installing a record system he found that his deficit averaged about \$1,000 a bed for twenty beds and that one department which was thought to be on a paying basis actually lost \$3,700 for the year. The speaker emphasized the fact that the cost of maintaining such a record system is not excessive and that its value makes it indispensable to a hospital, no matter the size.

In the ensuing discussion one speaker questioned the ability of a hospital to make a report to the state as to its per capita cost for the purpose of being repaid for industrial commission cases, with no record system, and a representative of the state health department said that many such reports from hospitals were exceedingly hard to analyze.

The discussion wandered off to the subject of per capita cost and it was asserted that reports from Ohio hospitals ranged from \$1.69 to nearly \$7 a day.

OTHER STATE ASSOCIATIONS PLANNED.

Dr. A. R. Warner, executive secretary, American Hospital Association, was the final speaker at the first session. He traced the development of the organization of geographical sections of the American Hospital Association, of which Ohio was the first. Plans for the formation of state hospital associations are being made in Missouri and New York, while Massachusetts is interested in the organization of either a state association or a New England association. The ideals of the A.H.A., the speaker asserted, are service to the hospitals and the state associations can fit into this program most effectively by affiliating with the national body, since many attacks on hospitals, though apparently only local, are inspired by a national organization and can best be combatted by the co-operation of one state hospital group with another through the A.H.A.

Father Maurice F. Griffin, St. Elizabeth Hospital, Youngstown, concluded the session with a



VISITORS AT THE OHIO HOSPITAL ASSOCIATION CONVENTION

talk on the bill recently before the legislature aimed at the nurse-anesthetist which nearly was passed and which would compel the hospitals to permit only a person with a medical degree to give anesthesia. Legislation of this type is being constantly aimed at hospitals, the speaker added, and the hospitals must be efficiently organized to defend themselves. As the result of Father Griffin's talk a committee was appointed with him as chairman to report on the nurse-anesthetist bill.

The Monday evening session included a talk on the hospital needs of disabled war veterans by Col. John R. McQuigg, Ohio state commander of the American Legion, who declared that 5,000 men were being admitted to the hospitals each month and 3,500 discharged, leaving a deficit of 1,500 beds accumulating every thirty days. The peak of the demand for hospitalization of veterans, it is estimated, may come in 1927, when 33,000 beds will be needed. The speaker read the legislative program of the American Legion, including provisions for the consolidation of the war risk insurance bureau, rehabilitation division of the federal board for vocational education and the U. S. Public Health Service, an appropriation to build and maintain an adequate number of hospitals and the decentralization of the bureau of war risk insurance and the establishment of regional and branch offices. Col. McQuigg's request for favorable action on this program which was presented in the form of a petition to Washington, resulted in the unanimous passage of a resolution endorsing the program.

Dr. James L. Smith, of the American College of Surgeons, concluded the program with a talk on the progress of hospital standardization in Ohio in which he complimented the members of the Association on their splendid showing.

SOCIAL SERVICE IS DISCUSSED.

Social service occupied the greater part of the program at the Tuesday afternoon session which was featured by a talk by Mrs. Bessie Lynde Russell, director of social service, Michael Reese Hospital, Chicago, in which the origin and development of this phase of hospital service was outlined.

Mrs. Russell said about 300 hospitals have established social service departments with staffs of from

one to 30 workers. Bellevue Hospital, New York, Boston City and Massachusetts General, Boston, and Michael Reese, which has 24 workers, were listed as some of the institutions with large staffs.

In defining medical social service Mrs. Russell first told what it is not. It is not mere kindness, nor public health nursing, nor follow up work, nor "any old job," she averred, but it is "assistance to the medical service." Various phases of social service described by the speaker included intensive case work, "steering" and administrative work in the hospital. Under the former classification was included work among the handicapped and the chronic patients and one noticeable result was the curtailment of readmissions.

"STEERING WORK" DEVELOPED

Since it is said that 80 per cent of dependency is caused by illness, Mrs. Russell pointed out, the co-operation of the social service department with various charitable organizations is important. As an indication of how this "steering" work has developed at Michael Reese, Mrs. Russell said that last November there were 200 applications from outside organizations regarding patients while in January there were 443.

The part social service can play in co-operating with the hospital administration lies in the admission of patients and in medical follow-up. At Michael Reese dispensary after social service was properly organized there were 19,000 patients treated in three months, 68 per cent more than for the same time a year ago, and 116 per cent more than for the same period two years ago.

The social service department should be an integral part of the hospital, the speaker continued, with direct relations with the superintendent, and there should be a social service committee.

Two things are necessary for a social worker, Mrs. Russell pointed out, personality and cultural background. The social worker must have perspective and must like people and she also should have a logical mind and ability to "put things over."

Miss Malvina Friedman, director of social service, Mt. Sinai Hospital, Cleveland, in discussing the paper, complimented Mrs. Russell on the scope of her talk and said that about the only thing that she could add

was that the social service department should get the hospital administration behind it so that it could carry out the treatment best suited for the patient.

The report of the committee on nurse-anesthetist was brought in during the Tuesday afternoon session, Father Griffin reporting that since this question had been temporarily settled by the action of the legislature in voting down the bill and since important plans are being laid out, the committee should be continued.

The question of reaffirming the principle of cost for service was brought up by Father Griffin and after some little discussion a resolution to this effect was unanimously adopted.

Secretary Chapman read a communication from C. A. Collin, president, Flower Hospital, Toledo, asking that some expression by the Ohio Hospital Association relative to litigation Flower Hospital is facing following injury to a patient through alleged negligence of an employee. At the suggestion of Howell Wright, executive secretary, Cleveland Hospital Council, which brought forth an eloquent appeal from Father Griffin for the members to offer their assistance to the Toledo institution, there was a unanimous vote to this effect.

At the suggestion of the committee on time and place, of which Dr. A. B. Dennison, Lakeside Hospital, Cleveland, was chairman, the selection of the 1922 meeting place was left to the executive committee. The report of Chairman Borg of the nominating committee was next adopted.

Father Griffin then introduced a motion for a rising vote of thanks to Mr. Chapman for his success in arranging the program of the convention and when this was passed, he suggested that the secretary be instructed to thank the bureau of hospitals of the state department of health for its co-operation with the association during the past year. The Ohio Hospital Association then adjourned.

JOINT MEETING WITH NURSES.

The joint meeting of the hospital association and the Ohio Association of Graduate Nurses and the Ohio State League of Nursing Education followed, with Miss Laura R. Logan, superintendent of nurses, Cincinnati General Hospital, in the chair. Dr. Bachmeyer's paper on the necessity for correlated effort in Hospital Administration" was the first number on the program. It will be published later.

Dr. Bachmeyer began by tracing the wonderful development in science in the nineteenth century, asserting that as a result system has replaced chance. He said that at the beginning of the nineteenth century one year in college was supposed to give a man thorough knowledge of medicine, but now seven years' study are required and then special work follows. The nurse is a product of the nineteenth century, he continued, and now come the social service worker, the dietitian and other hospital specialists.

The specialization of the age also has had its effect on the executives and various departments of the hospital and with the gradual drawing away of each officer or department head into his or her own sphere, the importance of the other departments has been lost sight of and friction has resulted. One phase of specialization has been the development of various organizations, local, sectional and national, which meet from time to time and discuss problems pertinent to their field. Occasionally great stimulation is derived from these meetings and occasionally a member returns to his own hospital determined to put into

effect an idea he has learned, but without taking into consideration the privileges of other departments and again friction may develop.

Dr. Bachmeyer pictured the success of the United States in putting over bond issues, the draft and in training and sending millions of fighters overseas, through correlation of effort. He described the splendid work done by the hospitals in the face of depleted personnel and other war handicaps, simply because of team work and co-operation.

After the war "the team broke training," and something like chaos ensued. In the hospital field numerous organizations were in existence, each with a program for hospital development, but little general progress was made until the American Conference on Hospital Service began to direct the various programs and to correlate the work.

MONTHLY CONFERENCE ADVOCATED.

Dr. Bachmeyer urged his hearers to remember that the prime function of the hospital is the care of the sick and to keep this constantly in view. He likened a hospital personnel to the baseball team, with the staff and the nurses serving as the battery and the other departments as the infield. The outfield was compared to some departments which are not called on as frequently as others, but which must always be ready as their duties are most important. He pointed out that mediocre teams working together frequently beat all star aggregations whose members are temperamental and who therefore more difficult to weld together. By maintaining the best kind of team work in the hospital the best service will be rendered the patient.

Miss Grace E. Allison, superintendent of nurses, Lakeside Hospital, Cleveland, discussed Dr. Bachmeyer's paper from the standpoint of the principal of a nurses' school and began with the statement that much discord is due to a lack of understanding of other departments on the part of an executive. She advocated a general monthly conference at which everybody should be invited to bring their problems, and regular weekly meetings of department heads.

The nursing department is assailed so frequently, she said, because it is the largest department in the hospital, being a department and a school. All failures of other departments react on the nurses through the patient. Greater co-operation with the superintendent of nurses by the superintendent of the hospital would be of benefit, it was suggested. Miss Allison told of the daily inspection tours of the heads of English hospitals during the war, accompanied by the superintendent of nurses and said that as a result of these trips the superintendent was able to see the various problems from the standpoint of the superintendent of the nurses.

Miss Allison said that thinking of others' problems was a good cure for temperament. She also expressed the opinion that there were not enough opportunities offered a superintendent of nurses for diversion and that diversion was essential.

Mr. Yearick, in discussing the paper from the standpoint of a superintendent, began by saying that the temperament of department heads depended on the superintendent. He advocated personal interviews with dissatisfied and temperamental executives as he believed that grievances will not be brought out at a general conference. He added that a superintendent

Ohioans Hold Special Round Tables

Half Hour Discussions of Specific Subjects Under Different Chairmen Are a Feature of Convention; Two Sessions Are Held

A "specialized" round table in which specific topics such as purchasing, housekeeping, accounting, etc., were discussed under the direction of a different chairman, was an innovation at the Ohio Hospital Association convention that was cordially received. Usually a round table has been open for the discussion of any hospital problem and as a result unless there was a large number of questions turned in, the affair was likely to drag. With a specific subject under consideration for a stated period, which was one-half hour, the Ohio round table brought forth a great many more suggestions than usual and the officers of the association were highly gratified at the success of the innovation.

There was a second round table during the convention, on the final day when the hospital association held a joint meeting with the nurses. The chairmen divided the supervision of this discussion which again brought forth many interesting ideas.

HOW TO CLEAN PAINTS

Guy J. Clark of the Cleveland Hospital Council presided at the opening round table, on purchasing. Mr. Clark prefaced the discussion with an account of the work of the Cleveland Hospital Council and made a number of suggestions regarding the purchasing of standard commodities and supplies. He asserted that the failure of hospitals to adopt standards for various materials and foods resulted in considerable loss and asserted that such standards could be arrived at and used with comparative little difficulty.

The question of cleaning paints was the first to be brought before the round table on housekeeping, of which Miss Elsie Druggan, Mansfield General Hospital, was chairman. Several speakers suggested that the paint manufacturers make preparations best suited for their products and give full directions for their use. Dr. Bachmeyer told of the practice of a painter at Cincinnati General Hospital who tested his washing compound in an obscure corner and mixed it so that it would not mar paint before using it all over the walls.

Miss Jamieson, Grant Hospital, Columbus, suggested that in her experience walls that were washed frequently stood this process better than those cleaned infrequently, and she said that it was the practice at her institution to renovate and paint regularly throughout the year instead of at stated periods.

The use of a gelatine of cornstarch and water to protect painted walls was mentioned by Matthew O. Foley, managing editor of HOSPITAL MANAGEMENT, who told of the experience in this regard of the Peoples Gas building, Chicago, where painting was deferred for a year or more. The cornstarch is mixed in water and applied over the paint when dry. It can easily be washed off and carried with it grease and dirt. Several hospital superintendents also told of the use of this method of protecting the paint.

C. B. Hildreth, Lakeside Hospital, Cleveland, began the round table on accounting and records, of which he was chairman, with an explanation of the system in use in his institution. A series of cards describing the different groups for various headings under which accounts were kept was used to illustrate the talk.

These headings included permanent assets, current assets, inventories, deferred charges, current liabilities, income, deductions from income, care of patients, general administration, building maintenance and the various departments, such as X-ray, laundry, surgery, kitchen, nurses' school, etc.

To a question as to the amount of time required to operate such a system, it was pointed out that one person could look after the book work in less than four hours a day.

A complete accounting system becomes mechanical once it is installed, Mr. Hildreth said, and is no more trouble than a half-way system.

During the discussion a speaker asserted that many hospitals use their bookkeepers as information clerks and thus permit a great deal of time to be lost and inefficient work done.

The question of making minor repairs at a hospital was one that was discussed at some length at the round table on mechanical departments which was presided over by Dr. John D. Spelman of Mt. Sinai Hospital, Cleveland.

Dr. Bachmeyer said that at Cincinnati Hospital two men make a tour of the building each morning, inspecting equipment, plumbing, etc., and by tightening a nut here and making an adjustment there, save a great deal of expense and inconvenience that would result if the faults were not attended to promptly. The more important repairs were listed and orders issued for the work.

Miss Thatcher told of a "want column" which is placed at each nurse's station for the purpose of having a daily record made of repairs and needs.

CHECKING UP REPAIR WORK

M. B. Pratt, Aultman Memorial Hospital, Canton, described in detail the system used at that institution. The forms for repair work are filled in in duplicate on white and yellow sheets and both copies are sent to the superintendent for approval. Space is left on each for the name of the head nurse requesting the work, for a mark indicating that the repair has been approved by the superintendent, and for the signature of the man doing the work, who indicates when it was done. One of the slips is kept on a spindle in the superintendent's office while the other is in the hands of the repair department and this also serves as a reminder that the work has not been done. The idea of having the sheets made in duplicate is to have a memorandum of the work so that it may not be overlooked until a serious loss or inconvenience is occasioned, and the reports are given to the superintendent so that he may determine whether the requests should be allowed.

Mr. Borg, Bethesda Hospital, Cincinnati, said that practically the same system of looking after repairs was followed at Bethesda, except that a man from the repair department called at the superintendent's office at regular intervals to collect the slips. This enabled the superintendent to point out which of the jobs should be done first.

Dr. Bachmeyer opened the discussion of dietary

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Wisconsin Endorses Hospital Day

Badger State Hospitals Begin Campaign to Obtain Cost for Service at Annual Convention at Milwaukee

Endorsement of National Hospital Day and the start of a campaign to obtain actual cost for service in workmen's compensation cases were among the features of the second annual convention of the Wisconsin Hospital Association at Walker Hall, Auditorium, Milwaukee, May 25 and 26.

Rev. H. L. Fritschel, director, Milwaukee Hospital, and all the officers and trustees who had assisted in the organization of the association eight months ago, were unanimously re-elected as a tribute to their efforts in bringing the association into being and guiding it so successfully.

President Fritschel's associates include:

First vice president, H. K. Thurston, Madison General Hospital, Madison.

Second vice president, Miss Johanna Mutschmann, R. N., Lutheran Hospital, La Crosse.

Executive secretary and treasurer, Dr. C. W. Munger, Columbia Hospital, Milwaukee.

Besides the president and secretary, the board of trustees includes:

Miss Amalia Olsen, R. N., Luther Hospital, Eau Claire.

Edward Freschl, Milwaukee.

Dr. J. J. Bellin, Wisconsin Deaconess Hospital, Green Bay.

Dr. Sidney M. Smith, Hanover Hospital, Milwaukee.

Dr. G. W. Coon, River Pine Sanatorium, Stevens Point.

In the two days of the convention many vital problems concerning hospital administration were discussed and on the first evening there was a banquet at which more than 150 were present. Adjoining the convention hall were the exhibits of hospital supplies and equipment which were shown to good advantage because of the splendid facilities offered by the Auditorium.

In his annual report at the opening session, President Fritschel outlined the organization of the association in September and the acceptance of the W. H. A. as a geographical section of the American Hospital Association. In comparison with other states, he said, Wisconsin lags in the matter of hospital facilities, with one bed for every 348 people. There are twenty-six counties in the state without hospitals, or at least without institutions of twenty-five or more beds. He asserted that 129 hospitals of the state had a bed capacity of 7,570.

NATIONAL HOSPITAL DAY ENDORSED

Several thousand people, including executives, department heads, directors, etc., are eligible for membership in the W. H. A., he pointed out and he urged a special effort to increase the roster of the association.

President Fritschel cited numerous advantages of membership and asked all hospitals to cooperate with one another and with the association.

Referring to National Hospital Day the presidential address said:

"May 12th, the birthday of Florence Nightingale, has been suggested by the editor of HOSPITAL MAN-

AGEMENT, as a National Hospital Day, for the purpose of bringing the work of the hospital and its needs more to the attention and consideration of the public in general. It was an excellent suggestion and was taken up with the deserved enthusiasm in many parts of our country, and also in our State. It received the endorsement of high officials. It would seem advisable that this association at this convention officially endorse National Hospital Day. But more than this a plan should be adopted by which the day may be properly observed throughout our State and a more defined method should be outlined by which the day may be made to serve its purpose. This matter is respectfully submitted to your consideration."

Commendation of the work of the Hospital Library and Service Bureau, 22 East Ontario street, Chicago, and a suggestion that all hospitals avail themselves of this service were other points made by President Fritschel.

Dr. Munger's report as executive secretary and treasurer detailed the growth of the association and emphasized the necessity for constant effort to induce hospital executives, directors and others eligible to join.

A paper on "The Institutional Laundry, Innovations and Economies," prepared by W. T. Williams, editor, *National Laundry Journal*, Chicago, was read by H. C. Sherwood. The paper discussed practical points in institutional laundry operation and management and described some new inventions. A suggestion that met with the favor of a number of visitors was that the hospitals with laundries join the Laundry Owners' National Association and thus benefit by research work, bulletins and other services of this organization.

ANESTHETIST QUESTION DISCUSSED

Following this paper came adjournment for lunch which was served in the Auditorium restaurant where groups interested in the same phase of hospital work lunched together each day.

Dr. Isabella Herb, Rush Medical College, Chicago, opened the afternoon session with a paper on the "Anesthesia Problems of the Hospital" in which she advocated anesthetists with medical training and suggested that if proper recompense were offered, physicians would readily take up this work. In the discussion that followed, the speakers pointed out several objections to the plan, the principal one being that it would be practically impossible to get a physician to administer anesthesia whenever it was required. Others commented on the splendid records made by nurse anesthetists. F. E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, voiced the opinion that the discussion as to whether a medical man or a nurse should administer anesthesia was similar to the question as to whether the medical man, the layman or the nurse was the best superintendent of a hospital, a question, he added, that will never be settled.

Mr. Chapman was the next speaker, his topic being hospital accounts. He began by saying that

records are regarded as "dry" only because of a lack of knowledge of their principle and importance. A record system is the basis of analysis of hospital service and therefore warrant a great deal of care and attention. As a chart of the work and the results obtained by the institution for the past month, the records should be ready within fifteen days after the close of the month, otherwise their value is lost. Hospital boards are interested in the financial side of the hospital and a proper accounting system will readily satisfy the directors on any phase of expense or income. Also, a good record system is a gauge of the work done by each department of the institution.

Mr. Chapman advocated the budget system as the best method of operating a hospital and said it was a simple matter to anticipate expenses for each department.

Mr. Thurston, Madison General Hospital, in discussing Mr. Chapman's talk, emphasized the fact that the directors want to keep in closest touch with the financial situation of the hospital and for this reason a good record system is necessary. The use of charts in presenting certain phases of the financial report was suggested as adding much interest to the subject.

Herman Hensel, assistant superintendent, Presbyterian Hospital, Chicago, told of the introduction of new forms for the purposes of accounting during the past year and endorsed the suggestion that detailed departmental records be kept. He reiterated that boards want to know all the facts concerning the financial progress of the hospital and proper records will answer all questions at once.

In concluding the discussion Mr. Chapman remarked that not ten per cent of the hospitals know what they are doing because of improperly kept records. Referring to budgets he said that \$40,000 was spent on the X-ray department at Mount Sinai and that the same hospital spent

\$35,000 on its laboratories. The monthly reports are ready, Mr. Chapman said, by noon of the second day of the month.

Perry W. Swern, of Berlin, Swern and Randall, architects, followed Mr. Chapman with a paper on "Hospital Architecture, With Special Reference to Interior Arrangement." Mr. Swern's talk contained many helpful ideas and his points were illustrated by slides made from drawings, many of which have appeared in *HOSPITAL MANAGEMENT*. The speaker emphasized the fact that the very first step in planning a building was an analysis of the service required by the community and a determination of the policy of the institution in this respect. A hospital building or a department unit can not be standardized, Mr. Swern said, as each community requires different service. After the policy is determined the architect should be called in to design a building that will enable the needed service to be given at the lowest cost and with the greatest efficiency.

INTERIOR ARRANGEMENT IMPORTANT

Four basic requirements of a hospital were pointed out. The speaker said that care for the sick was No. 1. The next was facilities for the education of the interns and nurses and for research work. No. 3 was ability to operate at a low cost so that the institution would be available to the community. The fourth requirement was that the institution be self supporting. Other factors to be considered in the building include conservation of the time and energy of the nursing staff, proper facilities for the distribution of supplies, a flexible arrangement so that a maximum number of beds may be in use at all times, and simplicity of construction.

Mr. Swern said a nurse walks about twelve miles in eight hours' duty, three hours traversing corridors and five hours in nursing activities. He con-



PHOTOGRAPH OF VISITORS AT WISCONSIN CONVENTION

tended that with a utility room for each private room the nurse would be able to answer 75 per cent of her calls without going into the corridor.

To shorten the nursing radius of a hospital building, Mr. Swern advocated the doing away with the duty rooms that usually are interposed between private rooms, and the planning of the building along the lines of simplicity and efficiency and not for beauty. The central kitchen and central store rooms, instead of diet kitchens on each floor and many linen rooms, were other suggestions by the speaker to curtail the nursing radius. Advantages of the central kitchen, Mr. Swern explained, are that it permits each tray to be examined by the dietitian before it goes to the patient and that there is less odor than when there are a number of diet kitchens.

An interesting statement by Mr. Swern was that private rooms with individual utility rooms afford greater bed capacity of a given building than wards, and that their cost is not prohibitive.

SOME BUILDING "DON'TS"

Mr. Swern offered the following "don'ts" to prospective hospital builders:

Don't travel and visit other hospitals and endeavor to put the different ideas that appeal to you into a patchwork building. You must clearly understand the service rendered by the institution visited and compare its problems with those of your hospital.

Don't ask architects to compete. Your hospital building has definite duties to perform in the way of special service to your community and the planning should not be undertaken until after all conditions have been carefully studied.

Don't divide the responsibility for your building between an architect and consultant, or other parties. Such a division of responsibility encourages "passing the buck" for mistakes. Make one person responsible for the building and let him call in help if he thinks he requires it.

The successful interior arrangement of a hospital building, Mr. Swern continued, depends on the service the institution must render and the best way to determine the most efficient arrangement is to vision the building in actual operation.

Establish the policy of the hospital and analyze the requirements of the community, the speaker added, and then call in an architect who can conserve nurses' energy and otherwise plan a building that can be operated most efficiently.

In showing plans of buildings with private rooms having individual utility rooms, Mr. Swern emphasized the fact that Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago, was the originator of this plan.

QUALIFICATIONS OF DIETITIANS

Mr. Chapman, in discussing the paper, argued that convalescents of a certain type preferred a ward to a private room. He urged hospital boards not to "plan in haste and repent at leisure" and said that a hospital building presents too many problems to permit of plans being turned out with rapidity. Keep the administrative point of view in mind in planning the building, he said.

A paper on the qualifications of a dietitian was presented by Miss D. M. Kugel, director of home economics, Stout Institute, Menominee, and discussed by Miss Mary Cunningham, Milwaukee. "Service" should be the watchword of the dietitian, according to the speaker, who listed good physical

condition, initiative, consideration for others, an abundance of energy and willingness to work as among desirable qualifications, in addition to professional knowledge of chemistry, cookery and food values. Ability as an administrator was another point stressed.

Dr. F. S. Wiley, St. Agnes Hospital, Fond du Lac, suggested that physicians should be educated to the value of the dietitian in the hospital and that the dietitian might attend the staff meetings and thus acquaint physicians with the assistance she can render them.

On Wednesday evening at the Hotel Pfister the Association banquet was held, with more than 150 in attendance. Mr. Chapman spoke on what hospitals mean and Dr. F. E. Sampson, explained some of the services rendered by the famous Greater Community Hospital at Creston.

The report of the nominating committee head, made by Miss Mutschmann, was the first number on the program Thursday morning and this report, advocating the re-election of all officers and directors, was unanimously adopted.

Mr. Thurston, as chairman of the legislative committee, reported that seventy-three bills, affecting hospitals in varying degrees, had been introduced into the legislature. He urged that a campaign be started to interest all the hospitals in the state in the association so that that body could more effectively defend the hospitals against hostile legislation.

Invitations from La Crosse and Eau Claire were received during the discussion of the time and place of the 1922 meeting and this finally was placed and sent to the executive committee for action.

ENDORSE NATIONAL HOSPITAL DAY

Then came President Fritschel's suggestion that official action be taken regarding National Hospital Day and on a motion by Miss Amalia Olson, Luther Hospital, Eau Claire, who was state chairman for National Hospital Day, the convention voted unanimously to endorse the day and to have the executive secretary draw up a suitable resolution to this effect.

Dr. James L. Smith of the standardization department of the American College of Surgeons was the first speaker of the morning session. He dwelt on various phases of standardization and how this movement was improving hospital service. One of the points brought out by Dr. Smith was the great necessity of educating the public as to the true scope of hospital service.

Dr. Charles E. Ide, medical director and superintendent of Muirdale and Blue Mound Sanatoria, Wauwatosa, next spoke on occupational therapy for tuberculosis patients. His paper will be published later. Dr. Hoyt E. Dearholt, Milwaukee, discussed this paper, remarking that tuberculosis was the first disease for which occupational therapy was prescribed and that Muirdale was the first institution in the state to recognize the value of this form of treatment and to adopt it. He termed occupational therapy a very powerful agent and one that must be used with care. Dr. Dearholt emphasized the necessity of having occupational therapy continued after the patient leaves the sanatorium.

The final number of the morning program was the round table, conducted by Mr. Bacon. Mr. Bacon prefaced the session by reading a short paper on the development of hospitals since the civil war. He

pointed out that in spite of the fact that hospitals are supposed to be mismanaged, generally, very few have been compelled to close their doors. He asked that in view of the difficulties incident to the reconstruction period, hospital executives should make an effort to help their fellow workers and not to criticize them.

Dr. Munger answered a question as to whether the medical staff should direct the policies of the hospital in the negative, although he added that hospitals should welcome any suggestions from the doctors. Dr. A. R. Warner of the American Hospital Association suggested that this question probably was inspired by the fact that there is a growing tendency on the part of physicians and surgeons to take a greater interest in the management of the hospital, a tendency that deserves encouragement.

How many patients should there be to an intern was a question that brought responses ranging from 15 to 1 and 18 to 1, to 35 to 1. Dr. Munger and others pointed out that if an intern was to keep records and do other work he could hardly look after more than 15 patients.

CHARGES FOR LABORATORY

Different practices were indicated in replies to a question as to whether a separate charge should be made for special laboratory service. All who replied charged for special tests and some charged from \$2 to \$5 for routine work. No charge is made at Presbyterian Hospital, Chicago, for ordinary laboratory work, Mr. Bacon said, but varying charges are made for special examinations.

A question that developed a great deal of interest was in reference to charges for state workmen's compensation cases. Several hospitals reported making a rate of \$3, while Dr. Munger reported that he was getting \$5.85 a day, or the actual cost. During the discussion Mr. Chapman told of the policy of the Ohio State Industrial Commission of paying cost of service, based on records furnished by the hospitals. He added that the Ohio Hospital Association hopes to get cost plus a reasonable profit later on.

A motion was unanimously carried to the effect that the Wisconsin Association endorse the policy of cost for service in compensation cases and that the executive committee be instructed to take this matter with the industrial commission.

Methods of paying a radiographer were next taken up. One speaker said the radiographer at his hospital was paid a salary and commission and others reported allotting from 50 to 66 per cent of the net receipts of the department.

An interesting talk on the medical program and hospital program of the University of Wisconsin plans a 325 bed hospital at Madison was the first number on the final program Thursday afternoon. Dr. C. R. Bardeen, dean, department of medicine, of the university, illustrated his points with blue prints of the buildings planned for the institution.

MUST OVERCOME PARENTS' OBJECTIONS

Sara E. Parsons, former superintendent of nurses, Massachusetts General Hospital, Boston, and now engaged in a survey of nurses' schools, followed Dr. Bardeen with a discussion of standards for schools of nursing. Miss Parsons prefaced her remarks with the statement that parents and others must be educated to the fact that nursing schools are becoming real institutions of learning. About 80 per cent of parents, she asserted, object to having their daughters "enter training" and unless this fundamental

defect is corrected little progress can be made. Two drawbacks of nurses' schools listed were lack of money and instability. The latter flaw, it was explained, affected those schools whose development was due to a good superintendent or an interested hospital director, which quickly slumped when the superintendent was changed or when the hospital passed into other hands. Graduates of such schools as these frequently were ashamed to admit that they were trained in these institutions on account of their present reputation.

There is a growing tendency on the part of schools to affiliate or to make arrangements with universities whereby theoretical work can be done there. Miss Parsons told of the work of the Junior College at Kansas City with which eight or nine nurses' schools are affiliated and where student nurses get their theoretical work four hours daily for five months. A noticeable increase in enthusiasm and in efficiency has been noted among the girls taking these courses, the speaker said.

Miss Parsons was another who emphasized the necessity of waking up the public to the true scope of hospital service.

Miss Carol L. Martin, executive secretary, Central Council for Nursing Education, Chicago, in discussing the paper said that there were three types of criticism which she had to answer in her efforts to arouse interest in nursing. Parents objected to living conditions and to the drudgery of the school, prospective candidates rebelled against the lack of social contact, while educators refused to advise girls to enter nursing because of their belief that such a course would mean a great deal of menial work and little recompense of any nature. Until the public is shown that these criticisms are untrue, Miss Martin said, difficulty will be found in obtaining nurses.

Miss Marion Rottmann, Johnston Emergency Hospital, Milwaukee, added that compulsory registration of nurses to enable the public to distinguish between trained nurses and practical nurses was necessary to help advance the standards of nursing. Miss Rottmann also said that with the development of social and recreational life in the training schools and the introduction of student government much progress was being made in improving nursing standards.

DISPENSARY SERVICE EASILY EXPANDED

"The Significance of the Dispensary" was the subject of the paper read by John E. Ransom, superintendent, Michael Reese Dispensary, Chicago. He pointed out that the dispensary has not the limitations of the hospital as it can indefinitely increase its service with little cost or trouble and that its function is more than medical inasmuch as it enlists the aid of the patient himself to get well.

The dispensary succeeds or fails, he said, as it carries on its follow-up work. The dispensary re-establishes the old-fashioned family doctor, who, it was pointed out, rendered his patients social as well as medical service.

An important function of the dispensary, said Mr. Ransom, was its work with other agencies in helping the patient.

Michael Reese Dispensary has a clinic for supposedly healthy children, among 1,500 of whom were found 1,200 defects. These were corrected as far as possible and since illness is one of the principal causes of dependencies, the dispensary thus is doing a great work in preventing delinquency in the next generation.

The value of the dispensary is recognized, the speaker said, by the U. S. Public Health Service and various health and medical associations. The National Tuberculosis Association, for instance, has 493 tuberculosis dispensaries, the U.S.P.H.S. 526 venereal disease clinics, state hospitals 126 clinics, in addition to many more private clinics and those of other types, such as pre-natal, pay clinics, etc.

To attract able physicians to the dispensary, Mr. Ransom suggested that special clinics be formed for the treatment of diseases in which they are interested. Such clinics for diseases of metabolism, gastro-intestinal diseases, tuberculosis, cardiacs, etc., have been organized at Michael Reese dispensary and specialists in these diseases are doing splendid work.

A development of the dispensary is that it educates its patients to what good medical service means. Industrial medical service also has this result.

A discussion of social service by Miss Edith J. Habbe, director of social service, Children's Hospital, Milwaukee, was the final number on the program. She asserted that while the value of a social service department is generally recognized, it is difficult to give an exact definition of this profession, but she hazarded "efforts to alleviate the victims of the law of the survival of the fittest" as a fairly accurate meaning. Case work was the primary function of a social service worker, she contended. A social service worker has a three-fold obligation, to the individual, to the community and to the hospital. By-products of social service are protection to the community from communicable disease, social research, welfare legislation, etc.

Mr. Ransom suggested that social service completes a work that otherwise would be left undone and that the hospital or dispensary performs only certain phases of this service.

A. H. A. Reservations Come

Big Attendance Assured at Annual Gathering at West Baden in September; Program Developments

Although the annual convention of the American Hospital Association is three months in the future, reservations for hotel space at West Baden, Ind., are coming in in sufficient numbers to warrant the statement by Dr. A. R. Warner, executive secretary of the A. H. A., that already a big attendance is assured.

Another feature of the national hospital sessions that promises to eclipse all previous gatherings is the exposition of hospital equipment and supplies. Dr. Warner asserts that this exposition will be on much broader lines than heretofore.

Dr. Louis B. Baldwin, superintendent, University Hospital, Minneapolis, has begun work on the program for the convention, but details still are too indefinite to make public, Dr. Warner asserts.

The programs for the meetings of the American Conference on Hospital Service, and of the American Protestant Hospital Association also are beginning to take shape and advance reports indicate that the West Baden meetings will bring out a splendid army of executive talent to discuss many pressing hospital problems.

Miss Marion Peterson, dietitian, Swedish Hospital, Minneapolis, has accepted the secretaryship of the Section on Dietetics of the A. H. A., which recently was authorized.

Hersey Is Named President

New Haven Superintendent Heads Connecticut Hospital Association; Reports on Hospital Day

Dr. Harold W. Hersey, superintendent, New Haven Hospital, was elected president of the Connecticut Hospital Association at the annual meeting at Meriden June 1. Most of the hospitals of the state were represented and a feature of the gathering was a report on the National Hospital Day observance throughout the state by Dr. Hersey, who is state chairman for National Hospital Day for Connecticut.

Other officers elected included:

First vice-president, F. Leon Hutchins, superintendent, William W. Backus Hospital, Norwich.

Second vice-president, Sister Alice, superintendent, St. Vincent's Hospital, Bridgeport.

Treasurer, Miss J. Allison Hunter, superintendent, Grace Hospital, New Haven.

Secretary, Miss K. H. Prindiville, superintendent, Lawrence and Memorial Hospitals, New London.

New members of the executive committee include Dr. Lewis A. Sexton, superintendent, Hartford Hospital, retiring president; William Bro. Smith, director, St. Francis Hospital, Hartford, and Miss Evelyn M. Wilson, superintendent, Stamford Hospital, Stamford.

Dr. Hersey's report on National Hospital Day indicated that the hospitals of Connecticut had participated in the movement with great enthusiasm.

The National Hospital Day program in Connecticut, Dr. Hersey said, was similar to that carried on in other states. The first step was the appointing of a committee representing the different hospitals of the state and the final committee consisted of:

Chairman Dr. H. W. Hersey, superintendent, New Haven Hospital.

Dr. L. A. Sexton, superintendent Hartford Hospital.

F. L. Hutchins, superintendent William W. Backus Hospital, Norwich.

Miss K. M. Prindiville, superintendent Lawrence and Memorial Hospital, New London.

Miss J. Allison Hunter, superintendent Grace Hospital, New Haven.

Miss Evelyn M. Wilson, superintendent Stamford Hospital.

Dr. J. F. Bresnahan, superintendent Bridgeport Hospital, Bridgeport.

Miss J. Coffey, superintendent of nurses, St. Raphael's Hospital, New Haven.

Charles Lee, superintendent Waterbury Hospital.

The majority of hospitals kept open house during the day and the number of visitors shown through the various departments of the hospitals was gratifying.

The annual report of Dr. Sexton told of the success of the association in having the legislature pass a bill providing penalties for persons who defraud general hospitals and of other progressive activities of the organization. This report is published elsewhere.

Following Dr. Bresnahan's interesting paper on "The Hospital as a Community Asset" which will be published later, refreshments were served.

Connecticut Hospitals Are Protected

State Association Puts Through Bill Providing Penalties for Persons Defrauding General Hospitals; to Expand Membership

By Lewis A. Sexton, M. D., Superintendent, Hartford Hospital, Hartford, Conn.

To sum up the results of a year's work by an association such as this is not a little task; not that much has been accomplished that can be described on paper as so many concrete facts, but the result arising from the association at the meeting means always better effort when we return to our individual institutions.

The smallness of the area of our state makes for us all problems of a similar nature. We are different from the larger states whose area is many times that of ours, and whose endeavor is more diversified. There is no doubt to my mind that meetings at more frequent intervals than we have held would be a great benefit to us all, meetings of the round table type, where we can thresh out our common problems, and, as before stated, the problems in Connecticut are more or less common to us all. I feel that whatever we have accomplished during the past year is just that much more than was accomplished the year before when we did not have a meeting.

It seems to me that our organization has advanced to the stage now where more can be accomplished. Our constitution has been so amended that our membership can be markedly increased. Up to the present time only private general hospitals of fifty beds or more have been admitted. There are many smaller hospitals, and well regulated special hospitals throughout the state, whose superintendents are of wide training and experience, whose influence and advice are needed in the association. Their patients may be different from ours, but the probabilities are that most of them came to them from the private general hospitals. While the care of the sick is our primary policy, this duty carries with it many other responsibilities that are common to us all.

COST OF COMPENSATION CASES

As chairman of the legislative committee, I beg to report the following:

Early in the year it was thought best that some legislation affecting the workmen's compensation rates should be attempted, but the large insurance carriers upon being consulted were so fair in their adjustments of rates that this was omitted. They all agreed to pay the cost of maintenance, which is all the legislative committee could ask.

Our fondest hope was the establishment of a home for chronic and incurable cases. The state infirmary bill was properly introduced and sponsored, and was reported favorably by the committee on humane institutions, but the demands coming from the institutions already operating were so great, that its passage at this session seems very doubtful. The bill received the most favorable consideration of any new bill of its kind introduced, and we feel sure that it will be passed at the next session of the legislature.

The passage of a bill entitled "An Act Concerning

Defrauding General Hospitals," which was signed by the governor, is one that will be far reaching in its effect. I say this because several of the states have been trying for years to have such a bill passed without success, and now that Connecticut has shown its desire to offer hospitals the same protection that it does hotels, other states can certainly not do less. Since the state has shown its willingness to offer us this much needed protection, it behooves each of us, as superintendents, to see that the law is not abused. The bill reads as follows:

"AN ACT CONCERNING DEFAUDING GENERAL HOSPITALS

"Be it enacted by the Senate and House of Representatives in General Assembly convened:

"Every person who shall, at any general hospital, receive or cause to be furnished board or surgical or medical care with intent to defraud such hospital of the amount due for such board or surgical or medical care, or who shall obtain credit at such hospital by the use of false or fraudulent means, shall be fined not more than fifty dollars or imprisoned not more than thirty days or both. The departure without intent to return of any patient from any general hospital, without payment of the amount due such institution and without actual notice to the officials of the intention to depart, shall be prima facie evidence of intent to defraud. A general hospital, within the meaning of this act, is a public hospital, not conducted for profit, by which all patients applying are received to the extent of its capacity and facilities."

BILL STANDARDIZES THERMOMETERS

Another bill of considerable importance to the population as a whole has been passed by both houses and only awaits the governor's signature to become a law is an act concerning the establishment of a state clinical standard thermometer. This provides that a clinical standard thermometer supplied by the state and certified by the national bureau of standards for use by the state shall be the state clinical thermometer. In addition to the state clinical standard thermometer, there shall be supplied by the state such additional clinical standard thermometers as may be necessary to carry out the provisions of this act, to be known as official clinical standards. Such thermometers shall be verified by the director of the bureau of laboratories of the state department of health upon their initial receipt and at least once in each six months thereafter, by direct comparison with the state clinical standard thermometer. The official clinical standard thermometers may be used in making all comparisons of clinical thermometers under test.

The commissioner of health is empowered by the bill to promulgate tolerances and specifications for clinical thermometers. Whenever the state department of health tests a clinical thermometer for sale and finds it to be correct it shall seal or mark it, otherwise certify it as correct. Clinical thermome-

ters found to be incorrect may be condemned and destroyed, or returned to the owner upon guarantee that it will not be sold or used within the state.

The bill further provides that when a representative sample of a clinical thermometer has been submitted by a manufacturer to the state department of health, and is approved, a designating mark shall thereafter be permanently affixed by the manufacturer to all clinical thermometers of that particular kind made by him.

NURSING DEMANDS DIFFER WIDELY

Just a word on the nursing situation. The association started the campaign for the enrollment of pupil nurses, and has financed the movement as far as it has gone. We feel that much has been accomplished along this line, but we are not out of the woods by any means.

It is a subject that has been widely discussed, and all sorts of solutions proposed, without very much progress in any one direction. When we take into consideration the various types of work done by the different institutions in the state, it seems to me that the question of grading nurses just like school teachers must be the inevitable outcome.

The demands are as different as the institutions themselves, and a nurse that understands the care of the mental case has not at her command the technique required in the operating amphitheatre; the nurse who takes care of our aged and infirm is not suited to either of the other positions, and yet one is just as essential as the other, and the need in each case must be filled, and they cannot be filled with college graduates or high school graduates.

I believe the theory that every graduate from our training schools is going to be a head nurse or a teacher or a professor is one of the most dangerous innovations that the nursing profession has to face. Do not misunderstand me. I believe as strongly as any one that we ought to give our pupil nurses every advantage, and attempt to make teachers of certain numbers of them, but we must not lose track of the fact that the very foundation of the nursing profession rests on their ability to care for the sick.

There has never been a movement since the foundation of the world that involved the welfare of the public, that the pendulum has not swung too far, and the responsibility for the care of these different types of equally deserving people is one that we must not lose sight of, whether we take the special hospitals into the association or not.

There is no one who is a stronger advocate of the higher education of nurses than I am, but we all know, whether we admit it or not, that nurses are born and not made. We have all seen time and again the most promising girls make dismal failures, while on the other hand, we have seen the girl with the nursing instinct, who has not been blessed with a college degree, or even a high school education, take first rank in her chosen profession. It is very nice to have had these advantages, but there is, and will always be, a demand for a type of nurse where these things are not essential. The meeting of these demands presents one of the most difficult situations the profession has ever had to face, and the best method of discharging this duty is one of the grave problems of our association.

Has Convention Committee

Indiana Hospital Association to Stimulate Interest in American Hospital Association Meeting

By Dr. George F. Keiper, President Indiana Hospital Association

The following is the reception committee from the Indiana Hospital Association for the meeting of the American Hospital Association, West Baden, September 12 to 16:

Robert E. Neff, chairman, Indianapolis, Robert Long Hospital.

Dr. George F. Keiper, LaFayette, staff of St. Elizabeth and Home Hospitals.

Miss Clara E. Pound, Richmond, Reid Hospital.

Dr. W. O. Cross, Ft. Wayne, Lutheran Hospital.

Miss Anna Medendorpf, LaFayette, Home Hospital.

Dr. A. M. Hayden, Evansville, Hayden Hospital.

Dr. C. S. Woods, Indianapolis, Methodist Hospital.

Mrs. Ethel P. Clarke, Indianapolis, Robert Long Hospital.

Dr. H. A. Duemling, Ft. Wayne, Lutheran Hospital.

Dr. F. B. Templin, Gary, Mercy Hospital.

Dr. Charles N. Combs, Terre Haute, Union Hospital.

Miss L. L. Goepinger, Indianapolis, Deaconess Hospital.

Dr. Harry L. Foreman, Indianapolis, City Hospital.

Miss Harriet Jones, Bloomington, Bloomington Hospital.

Miss Mary E. McDonald, Elkhart, Elkhart Hospital.

Miss Laura E. White, Goshen, Goshen Hospital.

Mrs. Alwight Hawks, Goshen, Goshen Hospital.

Miss Lillian Barlow, Lebanon, Witham Hospital.

Dr. R. B. Wetherill, LaFayette, St. Elizabeth Hospital.

Dr. U. Ewell, Crawfordsville, Ben Hur Hospital.

D. M. Bottoms, Connersville, Fayette Hospital.

Miss Mabel Shutt, Bluffton, Wells County Hospital.

Miss Myrtle E. Elkins, Peru, Miami County Hospital.

Miss Mattie Hemphill, Rensselaer, Jasper County Hospital.

Dr. M. F. Steele, Ft. Wayne, Hope Methodist Hospital.

Dr. A. E. Morgan, LaFayette, Soldiers' Home Hospital.

Dr. W. H. Williams, Lebanon, Williams Hospital.

Dr. Maurice A. Rosenthal, Ft. Wayne, St. Joseph's Hospital.

Dr. C. R. Shafer, Indianapolis, Deaconess Hospital.

Dr. A. E. Sterne, Indianapolis, "Norways."

Miss Gernetha M. Smith, Muncie, Muncie Hospital.

Dr. Edgar H. Myers, South Bend, Epworth Hospital.

Warren W. Lane, LaFayette, president, Home Hospital board.

Innovations At Catholic Convention

Fewer Papers, With More General Discussion, and Night Meetings are Features of Program for Meeting at St. Paul June 21-24

A number of interesting innovations are planned at the annual convention of the Catholic Hospital Association of the United States and Canada at St. Thomas College, St. Paul, Minn., June 21, 22, 23 and 24, according to the program recently made public. Among these are fewer papers at each session, and night meetings for the Sisters and doctors, respectively.

The papers are to be limited in order to give more time to the discussion of the subjects presented and also to permit the various conferences to meet for longer periods. Another point in favor of this plan is the visitors will not be under the strain that comes with a long program, and that they, thus, will take greater interest in the discussions and derive greater benefit from them.

The night meetings for the Sisters will be held Wednesday and Thursday at St. Thomas College, while the doctors will meet the same evenings at the St. Paul Hotel.

According to the program outlined by Dr. B. F.



REV. C. B. MOULINIER
President Catholic Hospital Association of the United States and Canada

McGrath, Milwaukee, secretary of the association, the four days of the convention will be devoted to papers and discussions of many important hospital questions, as well as numerous subjects of special interest to Sisters. Father C. B. Moulinier, president of the association, will open the first afternoon discussion with his annual address, following which there will be papers on various phases of Sisters' hospitals, and a general discussion of the first day's transactions.

The second morning will be given over to papers on local anesthesia, and interns, while in the afternoon the report of the committee on nursing appointed at the 1920 meeting will be heard and discussed.

At the doctors' night meeting Wednesday there will be a demonstration of a typical staff meeting, with discussion.

Thursday will be given over to the conferences of

various groups of hospital executives. The doctors' meeting will be featured by papers on the value of the electrocardiograph, on basal metabolism, and physiotherapy.

On Friday the reports of the Thursday conferences and general discussion will occupy the morning program and the afternoon will be given over to the hearing of reports and the election of officers.

The tentative program is as follows:

TUESDAY, JUNE 21

Morning Session

- 9:00 A. M. Mass and Sermon.
- 11:00 A. M. Opening of the Convention.
- 11:00 A. M. to 12 Noon. Address of Welcome, Dr. William Mayo, and other introductory addresses.

Afternoon Session

- 2:00 P. M. President's address.
- 2:30 P. M. Paper—The Religious Aspect of Sisters' Hospitals.
- 2:45 P. M. Paper—The Ethical Phase of Sisters' Hospitals.
- 3:00 P. M. Paper—The Scientific Spirit of Sisters' Hospitals.
- 3:15 P. M. Paper—Principles in the Control and Management of Sisters' Hospitals.
- 3:30 P. M. General Discussion of First Day's Transactions.

WEDNESDAY, JUNE 22

Morning Session

- 10:00 A. M. Paper—Local Anesthesia.
- 10:30 A. M. Paper—The Position of the Internist in the Hospital, from the Standpoint of the Internist.
- 10:45 A. M. Paper—The Importance of the Internist's Position in the Hospital, from the Standpoint of the Surgeon.
- 11:00 A. M. General Discussion of these Papers.

Afternoon Session

- 2:00 P. M. Report of Nursing Committee Appointed at 1920 Convention.
- 2:30 P. M. General Discussion of this report.
- 3:45 P. M. Paper—Retreats for Nurses.

Night Meeting for Doctors

- St. Paul Hotel, St. Paul
- 8:00 P. M. Description and Demonstration of a Typical Staff Meeting. General Discussion.

Night Meeting for Sisters

- Auditorium of St. Thomas College
- 7:30 P. M. Papers and discussions on problems of particular interest to the Sisters.

THURSDAY, JUNE 23

Conferences

- 10:00 A. M. to 12:00 Noon.
- 2:00 P. M. to 4:00 P. M.

The following conferences will be held:

1. Mothers Provincial and Superior, and Superintendents.
2. Training School and Supervisors of Nurses.
3. Heads of Floors.

4. Operating Room Nurses.
5. Anesthetists.
6. Laboratory Workers.
7. Dietitians.
8. Supervisors of Records.
9. Hospital Social Service Workers.
10. Superintendents of Dispensaries.
11. Doctors.
12. Nurses.
13. Diocesan Directors.
14. Chaplains, Retreat Masters, and Sodality Directors.

Night Meeting for Doctors

St. Paul Hotel, St. Paul

- 8:00 P. M. Paper—The Practical Value of the Electrocardiograph in the Routine of Hospital Work.
 Paper—Basal Metabolism, its Place in the Hospital.
 Paper—Physiotherapy in the Hospital.

Night Meeting for Sisters

Auditorium of St. Thomas College

- 7:30 P. M. Papers and discussions on problems of particular interest to the Sisters.

FRIDAY, JUNE 24

Morning Session

- 10:00 to 12:00 Noon. Reports on the Transactions of the Thursday Conferences, and General Discussion.

Afternoon Session

- 2:00 P. M. Reports of the Officers.
 Reports of the Various Committees.
 Election of Officers for the year 1921-1922.

- 3:00 P. M. Convention adjourned.

Meeting of the newly elected Executive Board immediately following the adjournment of the Convention.

SATURDAY, JUNE 25

Morning

Clinic and Demonstrations at St. Mary's Hospital, Minneapolis, Minn.

Mercy Hospital Nurses Graduate

On June 1, 20 young women of Mercy Hospital School for Nurses, Hamilton, Ohio, received diplomas and school pins at the high school auditorium. Reverend M. P. Bourke, Ann Arbor, Mich., Thomas Beckett, Hamilton, and Dr. Mark Millikin, Hamilton, were speakers. The musical program was rendered by members of the A. F. M., No. 31, and members of Our Lady of Mercy Academy, Cincinnati. On June 2 high mass was celebrated in the hospital chapel for the graduating class by Father Bourke, who gave the graduates a good, practical instruction. After the business meeting the Alumnae Association received the members of the class into the alumnae. At 6 P. M. a banquet was given at the Hamilton Club with speeches by Misses Duerr, R. N., Beale, R. N., Helmstetter and Murphy, R. N. Miss K. Barry was toastmistress. An alumnae dance at the nurses' home closed the evening.

Central Council Holds Meeting

The Central Council for Nursing Education met at the Woman's Athletic Club, Chicago, June 9 to hear the report of the executive secretary, Miss Carol L. Martin, and to hear a discussion of the system of nursing education carried on at the University of Cincinnati in connection with the Cincinnati General Hospital. Miss Laura R. Logan, professor of nursing at the University, explained this subject in detail. The necessity for greater publicity work to acquaint parents and others with the true status of nursing was emphasized by Miss Martha Wilson, Children's Memorial Hospital, chairman of the Council, and other speakers, and in this connection the National Hospital Day Movement, which was organized by HOSPITAL MANAGEMENT, was highly praised.

Suggests Courtesy Staff

Paterson Superintendent Tells of Idea That Will Help Hospitals to Improve Their Service

By Thomas R. Zulick, Superintendent Paterson General Hospital, Paterson, N. J.

Just a year ago, it was my pleasure to visit the hospitals of New Jersey and Connecticut, seventy-seven in all; with the exception of three hospitals, the staff and management was most anxious to know just what minimum standard stood for. In a few instances, some of the physicians were not receptive as to its adoption, feeling that their personal rights would be interfered with. In a few other instances, the management was antagonistic, feeling that it was an effort on the part of the College of Surgeons to obtain control of all the hospitals in the country. We all know that this is not the aim of the college. It did not take me very long to convince the doubtful ones that their ideas were erroneous, and I now feel that every institution in New Jersey fully understands what minimum standard means, and is quite ready to conform to its aims and ideals.

The adoption, in full, of minimum standard can not be accomplished in a day. It takes some time before it can be worked out in its entirety. It is a radical departure from the manner in which many institutions have been conducting their business. It is surprising to know, how many hospitals did not write histories, did not require pathological reports, in fact, had the most meager records of their patients. The College of Surgeons has shown these institutions the way. The motto of the college is "first and last, the patient," and by emphasizing to the doctors and management the fact that everything revolves around the patient, and not the patient around every department of the hospital, the college will have achieved its aim.

As I stated, it requires time to accomplish the program of the college. In the first place, the adoption of the minimum standard must originate with the medical department or staff of the hospital. It is a matter that the laity is not conversant with. The next thing is that every doctor, whether on the staff or not, must be under the control of the medical board of the hospital. The one, and only way, in my opinion, to accomplish this purpose is to create a courtesy staff. I think a courtesy staff should be organized in every hospital, even before minimum standard is adopted. If this step is first taken, it makes it very much easier to conform with the minimum standard. If physicians, who come to hospitals, particularly to those institutions, which are termed "open" hospitals, know that they are responsible to the medical board, and that, their future association with a hospital depends upon the class of work they do, and their complying with any set standard, I am quite positive there would be little difficulty in enforcing the rules of the hospital, particularly if these physicians were aware of the fact that the privileges of the hospital and courtesy staff could be denied them.

In my own institution we have a courtesy staff and we experience very little difficulty in carrying out the ideas of the college.

A word to the managerial side of a hospital. The board of managers and superintendent should accept the staff's opinion in matters pertaining to the medical treatment of patients, just as the staff should accept the board's opinion in business matters. We must remember, that without the patients and the physicians, there would be no need for hospitals.

Determining a Budget for a Hospital

How to Forecast Coming Year's Work, With an Estimate of the Expense of Operating an Institution; Should Be Working Chart.

By Raymond Clapp, Assistant Director, Welfare Federation of Cleveland.

The purposes for which service and financial records of hospitals are kept include:

1. Self-analysis of hospital performance which will include the planning of regular work and the establishment of a proper basis of charge to beneficiaries.

2. The securing of information on which to base an appeal to contributors, endowment funds and community chests; and the accounting to supporters and the public for funds entrusted to the hospitals.

3. The furnishing of material for publicity with reference to both the activities of the individual hospital and the whole general problem of disease prevention and cure to the end that continued support may be received by the individual institution and that an awakened and intelligent community may go forward steadily and wisely toward the reduction of disease and misery.

For these purposes accurate, complete and comparable figures must be secured of both receipts and expenditures of money and performance of services. Either one without the other has comparatively little value.

VALUE OF SELF-ANALYSIS.

With reference to self-analysis which is the most vital use to which reports can be put, the figures would make possible intelligent action on present problems and wise planning for the future and should indicate to the superintendent and the governing board, strong and weak spots in the hospital management. This can be done only by having service and expense tabulated by departments, and preferably on a basis that is comparable with similar figures from other institutions and comparable from year to year in the same institution. This would mean for instance that a hospital with an X-ray department would know the number of X-rays of different types taken, the expense directly chargeable to the X-ray department, and the proper proportion of the overhead. On the basis of these figures, secured from month to month, it would be possible to determine whether or not the proper charge for X-ray is being made, or a sufficient amount of service demanded to make the department worth while. If figures from previous years were available, it would be possible to determine if the department is increasing its service in proportion to the need and to the growth of the hospital. The figures would indicate whether or not it is operated on a more or less efficient basis than in previous years. If figures from other institutions are available, they will form an added check on the amount of service and its expense.

A proper recording of expense and amount of materials used would make it possible to establish a purchasing policy which could take full advantage of low seasonal price levels for such articles as canned goods, and of special bargains in any materials. It would also make it possible to demonstrate what savings, if any, could be made by the provision of additional

storage space or of co-operative ventures, such as the manufacture of drugs or the purchase of meat through agency.

Cleveland has recognized the justice of the policy that hospital rates should be based on the cost of the service rendered and that persons financially able should pay the full cost of their care. It is manifest that the adoption of this policy makes it essential that hospital records should be so kept as to establish the true cost of care. Of course, it is possible to go into such great detail in establishing cost that the expense of the accounting would not be justified by the value of the results, but I do not believe that there is any great danger of our reaching that stage soon. On the other hand, it is not satisfactory from any point of view for a hospital merely to add up the total amount of money which it has paid out during a certain period and then divide that by a figure arrived at by multiplying the number of patients received during that period by a figure which the hospital believes to be the average number of days of stay per patient. In the first place, the accurate number of patient days must be known and this means, I take it, a daily census of the hospital population preferably by classes of patients.

In figuring the per capita cost to be used as a basis of charge, it should be possible to determine with reasonable accuracy the cost of each service for which a special charge is made, such as X-ray, operating room, medicines, etc. And it is, of course, self-evident that the expense of the out-patient department should be kept separate and not included in the expense on which the per capita cost of hospital bed care is based.

RATES BASED ON COST OF SERVICE.

For hospitals participating in community funds or receiving their support from public monies, the preparation of an annual budget is necessary, and other hospitals will find it extremely beneficial, if the testimony of Cleveland hospitals is to be believed. A budget is nothing more or less than a forecast of the coming year's work, with an estimate of the expense of conducting this work, the income to be expected from earnings, endowment and other sources, and a resulting estimate of operating loss to be met from appropriations, gifts, etc. It is clear that before an estimate of expense can be attempted, the amount of service which it is expected to perform must be planned. This should involve the study of the amounts and kinds of services performed in the past, and of the demand indicated by the percentage of use of the hospital facilities, by the number of people in need who are turned away for lack of room or for other causes. It should also involve consultation with other institutions planning expansion or facing similar problems.

After the program is determined upon the expense for previous years must be studied and used as a basis for estimating the cost of the coming year's work. The more in detail it is possible to study this expense

and the more accurate the information about present and previous costs, the more closely it will be possible to estimate the budget. For example, salaries may be estimated in one of several ways. The budget committee may have before it merely the fact that the pay roll for the preceding year amounted to \$50,000. They may allow for a flat 10 per cent increase and budget for the coming year a pay roll for \$55,000. Or they might take the monthly pay roll of the preceding year. If this should have gradually increased from \$3,800 to \$4,500 a month, the committee might estimate that for the next year it would correspondingly increase gradually from \$4,500 to \$5,000 a month, giving a total budget of \$57,000 for salaries on that basis. But if they are interested in making an accurate estimate they will take each position on the pay roll and study first whether or not the position is necessary or whether there are too many or not enough employed in that position properly to handle the work. Having determined what they believe to be the necessary number of employees in each position, they will study the salary or wage paid, securing figures from other sources to indicate whether or not a just wage is being paid for the position, in the light of what similar service receives elsewhere and with reference to remuneration paid other positions in the same institutions. A budget of salaries made up in this way and with reasonable allowance for increase or decrease in salaries during the year and for inability to maintain a full staff will be a more nearly scientific one and of real value to the institution. In the same way items of food, drugs, household supplies, furnishings, repairs, insurance, etc., may be either the subject of a rough guess or of careful and detailed study and the resulting budget will be worth little or much, depending on the care with which it is drawn up.

BUDGET SHOULD BE WORKING CHART.

After the budget is made up and approved it should become a real working chart, which means that each month the amount of service rendered should be checked up with the forecast, the amount of expense for each item and each department matched up with the budget. Department heads and the superintendent should be held responsible for living within the budget or for securing in advance, approval of expenditures not therein provided.

This is a comparatively simple thing to do and can be made a matter of routine. The budget will in this way form a working plan subject to change at any time by the responsible authorities and indicating well in advance needed changes in financial policy so that deficits may be foreseen and forestalled, instead of accumulated with resulting forced retrenchment and forestalled, instead of accumulated with resulting forced retrenchment or like drastic measures otherwise unnecessary.

Chambers of Commerce, endorsement committees and community chests everywhere throughout the country consider it essential that an accounting be made by institutions receiving contributions from the public and it is hard to conceive of any good reasons why such an accounting should not be made. To have this accounting checked and approved by a firm of certified public accountants makes it doubly valuable as an evidence of accuracy and good faith.

For publicity purposes, the public is interested in knowing several things, chief among which are the following:

What kind of work does the hospital do?

How much of it is charity?

Do those who are able pay the full cost of their care?

These figures are now gathered as a matter of course in all Ohio hospitals. The methods of preparing this information in such forms that it can be gotten over to the public is a matter for the publicity rather than the recording department so I shall not dwell on this point.

But none of us is satisfied merely to treat the individual after he has contracted a disease or suffered an injury. We want so far as possible, to correct the conditions which make possible disease and injury. As we all know the greatest obstacle to sanitation and disease prevention is ignorance and misinformation resulting in lack of interest in, and short sighted opposition to measures which science has demonstrated will save countless lives and increase the health of the whole community.

Our experience with tuberculosis has shown that statistics carefully gathered and clearly interpreted will produce intelligent interest and concern so great and so universal that action will be forced upon public officials and private individuals which will place us measurably on the road toward elimination of an evil.

New Public Health Service Hospitals

The hospital program of the U. S. Public Health Service is moving rapidly, according to a recent bulletin. Nine new hospitals, which will accommodate more than 3,000 patients, are now being put into shape for early occupancy. Three of these, in Iowa, Montana, and Oregon, with a capacity for about 500 patients, should be in operation within two months.

The Colfax hotel, at Colfax, Iowa, a leased building with 130 acres of grounds, is being fitted to receive 200 patients. The Army Hospital at Fort William Henry Harrison, near Helena, Mont., will be opened with 100 general patients, but may later be greatly expanded. Additional money will be necessary to fit the buildings at Dawson Springs, near Hopkinsville, Ky., for maximum usefulness; but the necessary funds are expected to be forthcoming and the hospital to be opened with 500 tuberculosis patients within five months. The Hahnemann hospital, at Portland, Ore., should be ready for 164 general patients by July 1, and the Speedway Hospital, at Chicago, for 1,000 general patients by August 1.

Of the three Army posts specifically turned over by Congress, that at Fort Walla Walla, Wash., has been abandoned for a year and, except for two brick barracks, its buildings are in bad condition and must be rebuilt. It will shelter 284 tuberculosis patients.

Fort McKenzie, one mile northwest of Sheridan, Wyo., and Fort Logan H. Roots, near Little Rock, Ark., are each planned to accommodate more than 600 nervous mental cases. Each of the three posts is likely to be ready in less than six months.

A naval station, at Gulfport, Miss., has just been taken over from the Navy by the Public Health Service and will be utilized as a hospital or home either by the Service or by some other branch of the government.

Joseph E. Johnson Is Dead.

While the Ohio Hospital Association was in session at its annual convention in Cleveland a telegram was received telling of the death of Joseph E. Johnson, a representative of the American Laundry Machinery Company, Cincinnati, and a familiar figure at Ohio meetings. A resolution of sorrow was passed by the association and a letter sent to the company to express the appreciation of the hospital executives for the services rendered them by Mr. Johnson, whom they regarded as a valued friend.

Dr. Wells Head of Michigan Hospitals

Blodgett Memorial Superintendent Succeeds Parnall; Flint Is Chosen for Winter Convention December 6 and 7

Dr. Merrill Wells, superintendent, Blodgett Memorial Hospital, Grand Rapids, was chosen president of the Michigan Hospital Association at its fourth meeting at Ann Arbor June 7 and 8, succeeding Dr. Christopher G. Parnall, superintendent, University Hospital, Ann Arbor. The session was attended by representatives of hospitals in more than a score of cities, and the program was intensely practical.

Dr. Wells' associates are:

Vice presidents: Miss Lydia Thompson, Woman's Hospital, Saginaw; Miss Carrie L. Eggert, Woman's Hospital, Detroit; Miss Josephine Halverson, Port Huron Hospital, Port Huron.

Secretary, Durand W. Springer, University Homeopathic Hospital, Ann Arbor.

Treasurer, Dr. Herman Ostrander, State Hospital, Kalamazoo.

Mr. Springer, who is state chairman for National Hospital Day, and Dr. Ostrander were re-elected.

Dr. Warren L. Babcock, Grace Hospital, Detroit, and Dr. Parnall were named trustees, the holdovers of this board including Father Michael P. Bourke, St. Joseph's Sanitarium, Ann Arbor; Mrs. Edmund Booth, Butterworth Hospital, Grand Rapids; Dr. Stewart Hamilton, Harper Hospital, Detroit, and Mrs. Dudley Waters, Blodgett Hospital, Grand Rapids.

The next semi-annual meeting will be held in Flint December 6 and 7.

Dr. Parnall in his annual report, which opened the meeting Tuesday afternoon, told of the organization of the Association in December, 1919, for the purpose of arriving at a better understanding among the hospitals of Michigan and for mutual assistance. He cited the co-operation given the movement for recruiting nurses as indicative of the recognition of the hospitals of their common problems and of their willingness to help meet them. The passage of the bill regarding registration of nurses which became a law in practically the same form as it had been approved by the Association also was touched on, while the defeat of the "open hospital" bill was given as a further benefit the hospitals had obtained from the efforts of the Association. In closing, Dr. Parnall urged that hospitals should not limit their free work to that necessary merely to become exempt from taxation as a charitable institution.

HOSPITALS DEVELOP WITH INDUSTRY

Rev. W. M. Puffer, trustee, Bronson Hospital, Kalamazoo, followed Dr. Parnall with a paper describing the importance of the hospital in relation to life and quoted from an article by Dr. Frank C. English in March HOSPITAL MANAGEMENT relative to the need of a minimum of 840,000 beds for general hospital cases in this country. The development of the United States as an industrial nation, with the consequent increase of accidents, injuries and occupational diseases, he asserted, makes all the more necessary an expansion of hospital service. The Americanization of foreigners through welfare service and other phases of hospital work was suggested as an important service the hospitals could render, and the speaker stressed the necessity for greater facilities for children and for negroes.

Dr. Hugh Cabot, professor of surgery, medical

school, University of Michigan, with a discussion of "Avoidance of Psychological Damage in the Care of Hospital Patients," gave his hearers a view of hospital routine from the standpoint of the sick. He began by saying that hospitals are planned and operated as if the patient were all body and no mind, for nothing is done to counteract the disturbing impressions gained by the sick and which frequently are most serious. During the war, Dr. Cabot said, suggestible patients, particularly among the French, always were "acquiring" diseases of patients near them.

HELP PATIENTS AVOID SUGGESTION

Dr. Cabot contended that hospitals do not go to enough trouble to help the patient avoid suggestion. He offered, as a solution of this problem, that patients be divided into two classes, those suggestible and those not suggestible, and pointed out that especial care should be taken at the beginning of a patient's stay since that is the most suggestible period. The hospital smell or "atmosphere" was cited as one of the first suggestions the patient receives.

Physicians and surgeons are most to blame for the shocks patients receive, since they make little or no effort to calm the patient's fears. An operation is a series of terrors to the patient. Dr. Cabot asserted, and yet doctors continue to stage the preliminaries of surgical work without recognizing the patient's viewpoint.

A suggestion put forth by the speaker to help the patient avoid the shocks was an entrance to the hospital for the patient to avoid the white clothes or contact with the smell or any of the machinery of the operating room. A good night's sleep is highly important before an operation, but the sight of the hospital apparatus and uniforms, and contact with the smell, and other features of the institution in most cases rob a patient of all idea of rest.

It is brutal to take a patient to an operating room without anesthesia, continued Dr. Cabot, who likened the feelings of such a patient to a person being carted to execution. The shock of such a practice inflicts considerable damage and in a minority of cases this is permanent. After the operation when the patient has his mind on his own case and his experience, the danger of damage from suggestion is considerably lessened.

Dr. Cabot asserted that it was hard to justify the open ward except when the patient was fully convalescent. The psychic insult from such a ward to the patient should weigh more with the hospital against such a ward than dollars and cents. A hospital that had even 1 per cent of avoidable infection would be considered grossly incompetent, yet a much greater percentage of psychic shock could be avoided by doing away with the ward.

The speaker said that hospital construction that will avoid contact with tragedy will easily justify its cost. It is tragic to bring patients into contact with others in a ward where talk and scenes are depressing and where great damage is done.

Dr. Cabot voiced the same objection against homes for convalescents, saying that when no such facilities exist for the continued care of the patient he may be sent home a little too early from the standpoint of his

physical well being, but this situation reacts most favorably mentally by getting him away from the sights and influences of the hospital.

Father Bourke had at his subject "Standardization from the Standpoint of the Small Hospital." He argued that since there is no aristocracy of life which is as precious to one class as to another, there should be no variation in the degree of service rendered by hospitals which are in the business of saving life. Father Bourke's paper will be published later. In it he took up each of the conditions of the American College of Surgeons' program of standardization and showed that the minimum requirements were not unreasonable, no matter what was the capacity of the hospital.

"Problems of the Small Hospital" were discussed by Miss Halverson, who outlined the establishment of her own institution, of 58 beds, and told of some of her problems. She said that by putting an eight hour day into effect it has been much easier to keep supervisors who changed frequently previously. She suggested that extra relief or two or three days' vacation for nurses when they showed signs of fatigue helped immensely.

Laboratory and X-ray work for the hospital is done outside the institution in a most satisfactory way.

The use of the Toledo food cart has smoothed out food service problems, she continued. Before the cart system was installed the food was carried on dumb waiters and reheated, with much dissatisfaction.

The laundry work is sent out. A linen woman checks the pieces as they go out and returned and looks after the mending and storing and distribution.

Regarding the financial side of the hospital, Miss Halverson said it was self sustaining, having no funds to draw on and serving mostly pay patients. The per capita cost was \$3.64.

"OPEN HOSPITAL" BILL DEFEATED

Secretary Springer then submitted the report of the legislative committee of which he was chairman. This dealt principally with three bills which had been introduced into the legislature. Two of these were the "open hospital" bill and a bill to afford hospitals the same protection against fraud which hotels enjoy. The latter was supported by the Michigan Hospital Association, but when it was placed in the same committee with the "open" bill, the Association decided it was best to permit it to die rather than to bring it out and run the chance of having the "open" bill come out, too, and pass. The other bill in which the Association was interested was the nurses' registration bill which was passed.

Following the appointment of committees on nomination, of which Rev. Puffer was chairman, and on time and place of which Dr. Hamilton was chairman, the first session of the convention adjourned.

In the evening in the auditorium of the high school an open meeting was held, featured by a talk on the results of the Cleveland hospital and health survey, by Frank E. Chapman, superintendent, Mt. Sinai Hospital, Cleveland, and address by President Marion L. Burton, of Michigan University. Mr. Chapman said that much of the value of the Cleveland survey, which cost \$53,000, lay in the fact that the preliminary planning and development was available to other cities and would not have to be duplicated.

Some of the results of the survey, according to the speaker, were:

Arousing of public interest in health needs so that

a bond issue was passed providing for the erection of a city hospital building adding 950 beds to the city's capacity.

Establishment of five new dispensaries.

Establishment of a central bureau for collection of hospital bills.

Revolutionizing of management of a large Cleveland hospital with a corresponding improvement in service rendered.

Establishment of a central gauze room for the reclamation, packing and cutting of all gauze for the hospital, with volunteer labor and a paid director.

President Burton took the opportunity of talking to the assembly of Michigan citizens from all parts of the state to inform them regarding the various needs of the University.

A musical program by students of the University School of Music preceded the addresses.

At the final session Wednesday morning, the first business was amending the constitution and by-laws to make them coincide with those of the American Hospital Association of which the Michigan Association is a geographical section. The reports of the nominating committee and of the committee on time and place next were adopted.

URGE CONTAGIOUS DEPARTMENTS

The first paper of the morning session was on the hospitalization of communicable diseases, the speaker being Dr. W. V. Deacon, epidemiologist, Michigan Department of Health, Lansing, who suggested that general hospitals should have departments or otherwise provide for the treatment of these diseases. He said that the idea of a "pest house" in smaller communities was impracticable because of the comparative scarcity of cases for treatment which made such an institution wasteful from an economic standpoint and further criticized the term "pest house" and the practice in many communities of treating contagious diseases in antiquated residences, usually located in some lonely spot which added to the depression of the patient.

Isolation wards have proved successful in many general hospitals, he asserted, and infection and cross infection have been practically unknown. Dr. Deacon recounted experiments made some time ago in a general ward of a big London hospital where contagious diseases were separated from other patients only by wet sheets hung around the beds. This experiment proved successful, he said, but strict observance to technique and proper discipline was more to be expected in a large, well organized hospital than in smaller institutions where such results could not be hoped for.

Dr. Deacon also referred to the establishment of a large number of contagious disease hospitals in England in the hope of gradually decreasing the number of cases and of eventually, perhaps, eliminating these diseases. Statistics, he said, showed that in some communities where a large percentage of contagious cases were hospitalized in special institutions the rate of sickness per thousand people was higher than in other communities where the treatment of communicable diseases was not carried on so thoroughly.

Dr. A. R. Warner, executive secretary, American Hospital Association, was first to discuss Dr. Deacon's paper. He pointed out that the A. H. A. trustees had recently adopted a resolution urging general hospitals to make provision for tuberculosis and that a similar recommendation regarding venereal disease probably would be made.

Mr. Springer told of a recent experience at University Homeopathic Hospital where necessity forced the treatment of several cases of small pox and later of diphtheria which were handled successfully.

Dr. Parnall said that the reason that general hospitals did not make greater effort to treat communicable diseases was that they usually were overcrowded and not organized sufficiently to observe the proper technique.

SEEK SIMPLIFIED RECORDS

Dr. Babcock introduced a motion at the conclusion of the discussion which called for the appointment of a committee to confer with the state board of charities and corrections relative to the simplification of the forms and regulations governing the filing of information by maternity hospitals. Nearly a dozen forms, many of them duplications, are required to be filled in at present and large hospitals where there are a number of births daily have to have a separate clerk to look after these records. The committee was instructed to endeavor to have the board agree to the filing of information monthly or at the final disposition of each case.

The final number on the program was the round table conducted by Dr. Babcock. In response to a question regarding the future management of the small hospital, one suggestion was that the services of a consultant in administration might be employed by a group of such institutions. Dr. Warner said that the big problem was to get the results of the experiments and research work of the larger institutions whose finances and size make them the logical pioneers in hospital advancement.

A question in reference to payment of bills brought out a reply that the best policy is to determine the patient's ability to pay within 48 hours of his arrival. The Cleveland hospital survey disclosed that 19 per cent of the patients in the hospital had been discharged without investigating their financial status.

In discussing the problems of a small training school, Miss McElderry pointed out that the greatest handicap was the competition with larger institutions with greater educational and recreational facilities.

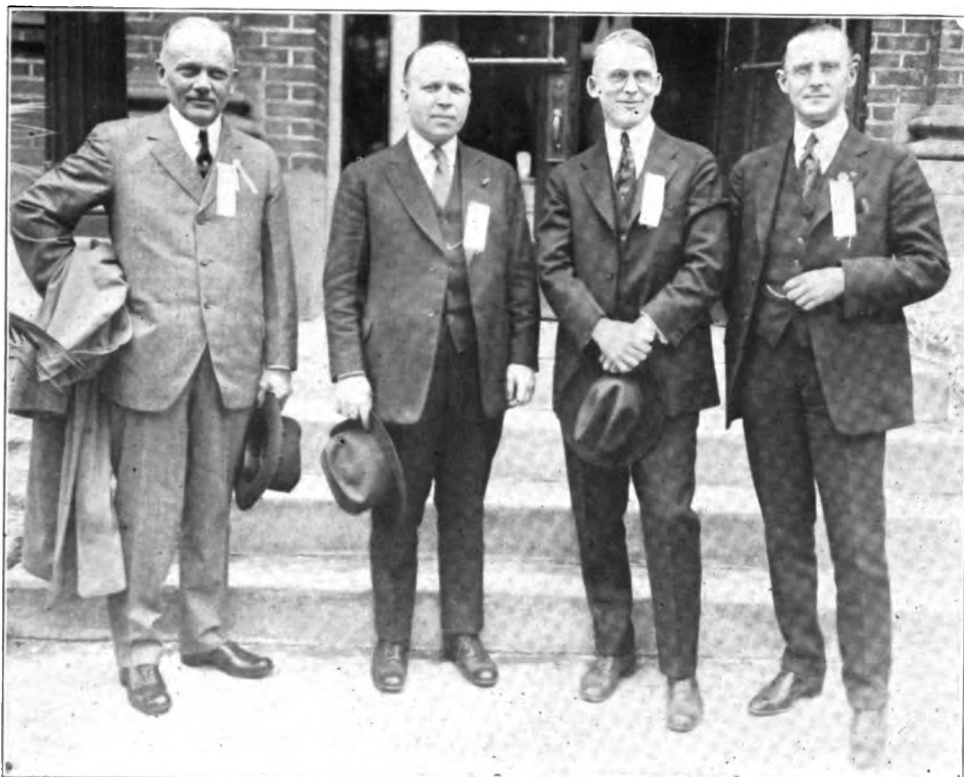
Dr. Deacon in answer to a question, said that interns and nurses should be vaccinated before being permitted to treat typhoid cases. Dr. Babcock added that all student nurses at Grace Hospital are so vaccinated on being accepted.

Regarding a question relative to allowances for an intern, Dr. Warner warned that the fifth year was coming fast in medical schools and interns were now beginning to study a hospital from its educational value and not from the standpoint of pay.

How often should the executive committee of the staff meet? Once a month, said Dr. Hamilton, with weekly meetings toward the end of the year if the committee controls the appointment of interns. The superintendent should meet with the committee. Dr. Babcock added that the superintendent should meet with the trustees, too, and a very good arrangement was to have the superintendent act as secretary of the board.

(Continued on page 74)

Officers in Charge of Toledo's Hospital Day



From left to right: P. W. Behrens, superintendent, Toledo Hospital, vice president, Toledo Hospital Council, and member National Hospital Day Committee; Dr. Norris Gillett, Robinwood Hospital, secretary, Toledo Hospital Council; Dr. C. D. Selby, chief of staff, St. Vincent's Hospital, president, Toledo Hospital Council; C. A. Collin, president, board of trustees, Flower Hospital, treasurer, Toledo Hospital Council, and local chairman for National Hospital Day. This photograph was taken by a *News-Bee* staff man as the officers started on a tour of inspection of the hospitals on National Hospital Day, May 12.

Some National Hospital Day Pioneers

Roll of Honor of Institutions of United States and Canada Which Took Part in the First Movement To Educate the Public

*By Matthew O. Foley, Managing Editor, "Hospital Management," and Executive Secretary,
National Hospital Day Committee*

Below will be found the first installment of the list of hospitals of the United States and Canada which were pioneers in the National Hospital Day movement to make the public better acquainted with the real scope and functions of a hospital.

This list is based on preliminary reports received from state chairmen and others, few of which, however, were anywhere near complete.

Additions to this list will be published from time to time and hospital executives are requested to call attention to any omissions which they may note.

This roster is a roll of honor, as every institution listed has demonstrated its progressiveness by joining in the movement originated by HOSPITAL MANAGEMENT which was an international success within two months after it had been started. The National Hospital Day Committee, therefore, is anxious to give full credit to every hospital which participated, and will welcome additional names so that when the roll of honor is completed every institution will be given full recognition.

Hospital executives, members of the National Hospital Day Committee and others who have reason to believe that the name of any institution has not been forwarded to the executive secretary, 537 South Dearborn street, Chicago, are urged to send in such names for inclusion in later installments of the roll of honor.

The first section of the National Hospital Day roll of honor follows:

Presbyterian Hospital, Chicago.
Mercy Hospital, Chicago.
Wesley Memorial Hospital, Chicago.
St. Mary of Nazareth Hospital, Chicago.
Illinois Masonic Hospital, Chicago.
St. Joseph's Hospital, Chicago.
Misericordia Maternity Home, Chicago.
U. S. Public Health Hospital No. 30, Chicago.
Illinois General Hospital, Chicago.
Illinois Training School, Chicago.
U. S. Marine Hospital, Chicago.
Bellevue Hospital, New York.
Flower Hospital, New York.
Methodist Episcopal Hospital, Brooklyn.
Barnes Hospital, St. Louis.
Parker Hill Public Health Service Hospital, Boston.
Vancouver General Hospital, Vancouver, B. C.
Pennsylvania Hospital, Philadelphia.
United Israel Zion Hospital, Brooklyn.
Mullanphy Hospital, St. Louis.
St. Luke's Hospital, Cleveland.
Eastern Maine General Hospital, Bangor.
St. Vincent's Hospital, Portland, Ore.
Seattle General Hospital, Seattle, Wash.
Holy Cross Hospital, Salt Lake City.
Touro Infirmary, New Orleans.
U. S. Marine Hospital, San Francisco.
Los Angeles County Hospital, Los Angeles.
Asbury Hospital, Minneapolis.
Robert W. Long Hospital, Indianapolis.
St. Elizabeth's Hospital, North Yakima, Wash.
Wenatchee General Hospital, Wenatchee, Wash.

St. Ignatius Hospital, Colfax, Wash.
U. S. P. H. S. Hospital No. 50, Whipple Barracks, Ariz.

Alameda County Hospital, San Leandro, Calif.
Emergency Hospital, 1711 New York Ave., Washington, D. C.

Tacoma General Hospital, Tacoma, Wash.
Altamont Hospital, Ft. Thomas, Ky.
West Roxbury Hospital, Boston.
United States Marine Hospital, Chelsea, Mass.
Community Hospital, 17-21 W. 101 St., New York.
City Hospital, Akron, O.

City and County Hospital, St. Paul, Minn.
Wheatland Hospital, Wheatland, Wyo.
Lakeview Hospital, Danville, Ill.
St. Elizabeth Hospital, Danville, Ill.
Clara Barton Hospital, Los Angeles.
Methodist Hospital, Los Angeles, Cal.
Golden State Hospital, Los Angeles, Cal.
Good Samaritan Hospital, Los Angeles, Cal.
St. Vincent's Hospital, Los Angeles, Cal.
Kaspere Cohn Hospital, Los Angeles, Cal.
Public School Dispensary, Los Angeles, Cal.
U. S. P. H. S. Hospital No. 48, Atlanta, Ga.
U. S. P. H. S. Hospital No. 37, Waukesha, Wis.
Osteopathic Hospital, Philadelphia, Pa.
Delaware Hospital, Wilmington, Del.
University Hospital, Iowa City, Ia.
Norton Infirmary, Louisville, Ky.
Jewish Hospital, Louisville, Ky.
Swedish Hospital, Minneapolis.
Marine Hospital, St. Louis, Mo.
Public Health Service Hospital, 5800 Arsenal St., St. Louis, Mo.

Hahnemann Hospital, Chicago.
Children's Hospital, Washington, D. C.
Columbia Hospital, Washington, D. C.
Eastern Dispensary and Casualty Hospital, Washington, D. C.

Foundling Hospital, Washington, D. C.
Freedman's Hospital, Washington, D. C.
Garfield Memorial Hospital, Washington, D. C.
Georgetown University Hospital, Washington, D. C.
George Washington University Hospital, Washington, D. C.

National Homeopathic Hospital, Washington, D. C.
Providence Hospital, Washington, D. C.
Tuberculosis Hospital, 14th and Upshur Sts., Washington, D. C.

U. S. Naval Hospital, Washington, D. C.
Walter Reed Hospital, Washington, D. C.
Sibley Memorial Hospital, Washington, D. C.
Washington Eye, Ear and Throat Hospital, Washington, D. C.

Woman's Clinic, 1237 T St., Washington, D. C.
Laconia Hospital, Laconia, N. H.
Christ Hospital, Cincinnati.

- Randolph County Hospital, Winchester, Ind.
 Walker Hospital, Evansville, Ind.
 Sunnyside Sanatorium, Indianapolis, Ind.
 Bartholomew County Hospital, Columbus, Ind.
 St. Elizabeth's Hospital, Lafayette, Ind.
 St. Anthony's Hospital, Terre Haute, Ind.
 National Home for Disabled Volunteer Soldiers,
 Marion, Ind.
 St. Joseph's Hospital, Logansport, Ind.
 University Homeopathic Hospital, Ann Arbor,
 Mich.
 Murray Hospital, Butte, Mont.
 Goldfield Hospital, Goldfield, Nev.
 Hudson County Tuberculosis Hospital, Secaucus,
 N. J.
 Mary Fletcher Hospital, Burlington, Vt.
 Memorial Hospital, Richmond, Va.
 Mattie Hersee Hospital, Meridian, Miss.
 Guthrie Hospital, Huntington, W. Va.
 Bridgeport Hospital, Bridgeport, Conn.
 St. Vincent's Hospital, Bridgeport, Conn.
 Danbury Hospital, Danbury, Conn.
 St. Francis Hospital, Hartford, Conn.
 Meriden Hospital, Meriden, Conn.
 Middlesex Hospital, Middletown, Conn.
 Norwalk Hospital, Norwalk, Conn.
 Sharon Hospital, Sharon, Conn.
 St. Mary's Hospital, Waterbury, Conn.
 St. Joseph's Hospital, Willimantic, Conn.
 Malta Hospital, Malta, Mont.
 St. Joseph Hospital, Nashua, N. H.
 Memorial Hospital, Nashua, N. H.
 Franklin Hospital, Franklin, N. H.
 Wesley Hospital, Oklahoma City, Okla.
 Norfolk General Hospital, Norfolk, Nebr.
 Mt. St. Mary's Hospital, Niagara Falls, N. Y.
 St. Peter's General Hospital, New Brunswick, N. J.
 Coatesville Hospital, Coatesville, Pa.
 Grafton City Hospital, Grafton, W. Va.
 St. Olaf Lutheran Hospital, Austin, Minn.
 Western Minnesota Hospital, Graceville, Minn.
 Grandview Hospital, LaCrosse, Wis.
 Lutheran Hospital, Hampton, Ia.
 Baptist Hospital, Alexandria, La.
 Samaritan Hospital, Philadelphia.
 Gordon Keller Memorial Hospital, Tampa, Fla.
 Jefferson Hospital, Philadelphia.
 Dr. Files' Hospital, Portland, Me.
 Deaconess Hospital, Minneapolis.
 Grand Ronde Hospital, La Grande, Ore.
 Torrington Hospital, Torrington, Wyo.
 Mercy Hospital, Durango, Colo.
 St. Joseph's Hospital, Centerville, Ia.
 Memorial Hospital, Roxborough, Philadelphia.
 Good Samaritan Hospital, West Palm Beach, Fla.
 Conemaugh Valley Memorial Hospital, Johnstown,
 Pa.
 Whitinsville Hospital, Granite St., Whitinsville,
 Mass.
 Mercy Hospital, Benton Harbor, Mich.
 Northeastern Hospital, Philadelphia.
 Cache Valley General Hospital, Logan, Utah.
 Jewish Hospital, Philadelphia.
 Hartford Hospital, Hartford, Conn.
 North Adams Hospital, North Adams, Mass.
 Frissell Memorial Hospital, Tulsa, Okla.
 Waterloo Memorial Hospital, Waterloo, N. Y.
 Northwestern General Hospital, Philadelphia.
 University Hospital, Philadelphia.
 Roosevelt Hospital, Philadelphia.
 Philadelphia Lying-In Charity Hospital, Phila-
 delphia.
 Lawrence Hospital, Bronxville, New York.
 Kane Summit Hospital, Kane, Pa.
 St. Bernard's Hospital, Jonesboro, Ark.
 Roanoke Rapids Hospital, Roanoke Rapids, N. C.
 Lutheran Hospital, Moline, Ill.
 Henry Phipps Institute, Philadelphia.
 Ft. Collins Hospital, Ft. Collins, Colo.
 Faxton Hospital, Utica, N. Y.
 Harrisburg Polyclinic Hospital, Harrisburg, Pa.
 St. Rita's Hospital, Lima, O.
 Good Samaritan Hospital, Lebanon, Pa.
 Athol Memorial Hospital, Athol, Mass.
 Oklahoma Hospital, Tulsa, Okla.
 Detroit Osteopathic Hospital, Detroit.
 St. Luke's Hospital, Spokane, Wash.
 Tranquil Park Sanatorium, Charlotte, N. C.
 Logan H. Roots Memorial Hospital, Little Rock,
 Ark.
 Winnipeg General Hospital, Winnipeg, Man., Can.
 General Hospital, St. John, New Brunswick, Can.
 Minnequa Hospital, Pueblo, Colo.
 Miami Valley Hospital, Dayton, O.
 Elyria Hospital, Elyria, O.
 Flower Hospital, Toledo, O.
 Nebraska Methodist Hospital and Deaconess Home,
 Omaha.
 New York Hospital, New York City.
 Fraternal Hospital, Birmingham, Ala.
 Elizabeth Duncan Memorial Hospital, Bessemer,
 Ala.
 Corona Hospital, Corona, Ala.
 Ensley Infirmary, Birmingham, Ala.
 Children's Hospital, Birmingham, Ala.
 Mercy Hospital, Davenport, Ia.
 St. Luke's Hospital, Davenport, Ia.
 Davenport Hospital, Davenport, Ia.
 Presbyterian Hospital, Philadelphia.
 U. S. Public Health Service Hospital, Washington,
 D. C.
 Washington Asylum Hospital, Washington, D. C.
 Emanuel Hospital, Portland, Ore.
 Multnomah County Hospital, Portland, Ore.
 Mt. Vernon Medical and Surgical Sanatorium, Mt.
 Vernon, O.
 Peoples Hospital, Akron, O.
 Broad Street Hospital, 129 Broad St., New York
 City, N. Y.
 British Columbia Hospital, Vancouver, B. C.
 Eastern State Hospital, Lexington, Ky.
 Central Hospital, Lakeland, Ky.
 Western State Hospital, Hopkinsville, Ky.
 Kentucky School for the Blind, Louisville, Ky.
 City Hospital, Louisville, Ky.
 Paterson General Hospital, Paterson, N. J.
 Harrisburg Hospital, Harrisburg, Pa.
 Schirman Hospital, Portsmouth, O.
 Latter Day Saints Hospital, Salt Lake City.
 St. Mark's Hospital, Salt Lake City.
 Abbott Hospital, Minneapolis.
 Deaconess Hospital, Minneapolis.
 Eitel Hospital, Minneapolis.
 Hill Crest Hospital, Minneapolis.
 Fairview Hospital, Minneapolis.
 Maternity Hospital, Minneapolis.
 Northwestern Hospital, Minneapolis.
 St. Andrew's Hospital, Minneapolis.
 St. Barnabas Hospital, Minneapolis.

- St. Mary's Hospital, Minneapolis.
 Kings County Hospital, New York City.
 Brooklyn Hospital, Brooklyn.
 Lebanon Hospital, New York City.
 Peck Memorial Hospital, Brooklyn.
 Fordham Hospital, New York City.
 Passavant Memorial Hospital, Jacksonville, Ill.
 Polyclinic Hospital, New York City.
 Good Samaritan Hospital, Kokomo, Ind.
 La Crosse Lutheran Hospital, La Crosse, Wis.
 Howard Hospital, Philadelphia, Pa.
 New Orleans Dispensary for Women and Children, New Orleans.
 Illinois Central Hospital, New Orleans.
 Flint Goodrich Hospital, New Orleans.
 Providence Hospital, New Orleans.
 St. John's Hospital, Cheyenne, Wyo.
 Wyoming General Hospital, Rock Springs, Wyo.
 Livingston Memorial Hospital, Laramie, Wyo.
 St. Joseph's Hospital, Aberdeen, Wash.
 Tidewater Colored Hospital, Norfolk, Va.
 Sacred Heart Hospital, Garrett, Ind.
 St. Joseph's Hospital, South Bend, Ind.
 Axtell Hospital, Newton, Kans.
 Hotel Dieu Hospital, Campbellton, N. B., Can.
 U. S. Public Health Hospital, Boise Barracks, Boise, Idaho.
 Mercy Hospital, Tampa, Fla.
 Ladies' Hospital, Tampa, Fla.
 Grady Hospital, Atlanta, Ga.
 U. S. Public Health Service Hospital, No. 63, Lake City, Fla.
 Deaconess Hospital, Marshalltown, Ia.
 Luther Hospital, Eau Claire, Wis.
 Presbyterian Hospital, New Orleans.
 U. S. Marine Hospital, New Orleans.
 Hotel Dieu Hospital, New Orleans.
 Belvidere Hospital, New Orleans.
 Robinson's Infirmary, Birmingham.
 Salvation Army and Children's Home, Birmingham, Ala.
 Protestant Deaconess Hospital, Indianapolis.
 St. Francis Hospital, Indianapolis.
 Central Insane Hospital, Indianapolis.
 Norways Sanitarium, Indianapolis.
 Neuronhurst, Dr. W. B. Fletcher's Sanitarium, Indianapolis, Ind.
 State College Hospital, Indianapolis.
 Worcester Red Cross Lodge, Sterling, Mass.
 Dr. Chas. L. Gritman's Private Hospital, Moscow, Idaho.
 Mount Washington Sanatorium, Eau Claire, Wis.
 Sacred Heart Hospital, Eau Claire, Wis.
 St. Luke's Hospital, Boise, Idaho.
 St. Alphonsus Hospital, Boise, Idaho.
 Holy Cross Hospital, Boise, Idaho.
 Winona Hospital, Winona, Minn.
 Jewish Hospital, Cincinnati, Ohio.
 Moosomin General Hospital, Moosomin, Saskatchewan.
 General Hospital, Penticton, B. C., Can.
 Vernon Jubilee Hospital, Vernon, B. C.
 St. Paul Hospital, St. Paul, Minn.
 New Haven Hospital, New Haven, Conn.
 Nashville City Hospital, Nashville, Tenn.
 St. Luke's Hospital, Aberdeen, S. Dak.
 Birmingham Infirmary, Birmingham, Ala.
 Hope Methodist Hospital, Ft. Wayne, Ind.
 St. Joseph's Hospital, Ft. Wayne, Ind.
 Holy Family Hospital, LaPorte, Ind.
 Lutheran Hospital, Ft. Wayne, Ind.
 United States Public Health Service Hospital, Indianapolis.
 Meadville City Hospital, Meadville, Pa.
 Brockton Hospital, Brockton, Mass.
 U. S. Marine Hospital No. 13.
 Tacoma General Hospital, Tacoma, Wash.
 St. Luke's Hospital, Bellingham, Wash.
 Providence Hospital, Everett, Wash.
 St. Maries Hospital, Walla Walla, Wash.
 Milwaukee Hospital, Milwaukee, Wis.
 Decatur and Macon County Hospital, Decatur, Ill.
 Hackley Hospital, Muskegon, Mich.
 Mercy Hospital, Bay City, Mich.
 Missouri Baptist Sanitarium, St. Louis.
 Sacred Heart Hospital, Spokane.
 Milwaukee Infants' Home, Milwaukee, Wis.
 Columbia Hospital, Milwaukee, Wis.
 Greater Community Hospital, Creston, Iowa.
 Oklahoma Methodist Hospital, Guthrie.
 Riverside Hospital, Susanville, Calif.
 Memorial Hospital, Mt. Vernon, Mo.
 Memorial Hospital, North Conway, N. H.
 Salt Lake County Hospital, Salt Lake City, Utah.
 Pacific Hospital, Los Angeles, Calif.
 Dobbs Ferry Hospital, Dobbs Ferry, N. Y.
 Abington Memorial Hospital, Abington, Pa.
 Balch Hospital for Children, Manchester, N. H.
 Hamilton Memorial Hospital, Dalton, Ga.
 North Shore Babies' Hospital, Salem, Mass.
 Ferndale General Hospital, Ferndale, Calif.
 Rockford Hospital, Rockford, Ill.
 St. Anthony's Hospital, Rockford, Ill.
 Swedish American Hospital, Rockford, Ill.
 Memorial Hospital, Nashua, N. H.
 Minnequa Hospital, Pueblo, Colo.
 Chillicothe Hospital, Chillicothe, O.
 United States Public Health Service Hospital, Tacoma, Wash.
 Cushman Hospital, Tacoma, Wash.
 St. Joseph's Hospital, Tacoma, Wash.
 St. James Hospital, Butte, Mont.
 Deaconess Hospital, Butte, Mont.
 Columbia Hospital, Butte, Mont.
 Ohio Valley General Hospital, Wheeling, W. Va.
 Rutland Hospital, Rutland, Vt.
 City Hospital, Indianapolis, Ind.
 Huntington County Hospital and Nurses' Home, Huntington, Ind.
 Union Hospital, Terre Haute, Ind.
 City Hospital, Akron, O.
 Michael Reese Hospital, Chicago.
 St. Luke's Hospital, Chicago.
 Baptist Hospital, Memphis, Tenn.
 St. Joseph's Hospital, Boonville, Mo.
 Meridian Sanitarium, Meridian, Miss.
 Rush's Infirmary and Tuberculosis Hospital, Meridian, Miss.
 St. John's Hospital, Joplin, Mo.
 Pillsbury General Hospital, Concord, N. H.
 Osteopathic Hospital, Philadelphia.
 Portsmouth Hospital, Portsmouth, N. H.
 Morrison Hospital, Whitefield, N. H.
 Claremont General Hospital, Claremont, N. H.
 Baptist Hospital, Oklahoma City.
 University Hospital, Oklahoma City.

(Continued on page 66)

Chicago Has New Maternity Hospital

Misericordia Home with Capacity of 45 Adults and 90 Infant Patients, Under Direction of Rev. M. E. Kiley Head of Associated Catholic Charities

By Arthur Foster, Architect, Chicago

The Misericordia Maternity Home, recently opened by the Archbishop of Chicago, and situated at West 47th Street and Richmond Avenue, is a strictly modern fireproof building, 40 feet wide by 150 feet long; four stories high. It has a capacity of 45 adult and 90 infant patients, besides the Sisters and Nurses, who are in charge. A glance at the plans will suggest at once that future extensions have been kept in view. A wing at either end of the building, would add to its appearance, and the



MISERICORDIA MATERNITY HOME

land is amply large for such purpose. These wings could accommodate respectively the Sisters and Nurses, thus releasing the space they now occupy.

At the time of its inception, statistics showed a woeful lack of hospital beds throughout the entire state, Illinois following far behind New York in this respect, and the particular district of Chicago where the Misericordia now stands, especially deficient. It is a neighborhood where the population, largely a foreign one, is rapidly growing and situated as it is on the edge of a manufacturing district, is greatly in need of such an institution. It was further found, upon investigation that this shortage was greatest in maternity homes and wards, and that in many cases patients could not be accommodated for the length of time necessary for proper recovery. The Misericordia is designed primarily to minister to charity cases. Expectant mothers are received and cared for during the entire period of childbirth and convalescence, and in some cases their infants will be taken care of for the first six months of their lives. However, the management and equipment of the house is such that the most exacting paying patient will find the accommodation at least equal to that of any first class hospital.

It was then, with this object in view, that the Misericordia was erected. The planning and construction was largely under the direction of the Rev. M. E. Kiley, who, as head of the Associated Catholic Charities, is especially familiar with the type of

work contemplated, and the management will be in charge of the Sisters of Mercy, who have had exceptional opportunities of gaining the necessary experience for this special work.

With the idea in mind of a cheerful and homelike environment, the colonial style of architecture was adopted, it having the added attraction of being the distinctly American style and in itself an object lesson to the patients, many of whom will be of foreign birth or parentage. The exterior design is carried out in a warm toned, reddish colored brick with white stone trimmings. The center porch is carried on massive Corinthian columns running up to the third story floor, where they terminate in a balcony. Above this rises the main gable, which is enriched with the archiepiscopal arms and the intersection of the roofs is surmounted by a cupola, carrying a cross which is some 85 feet above the sidewalk.

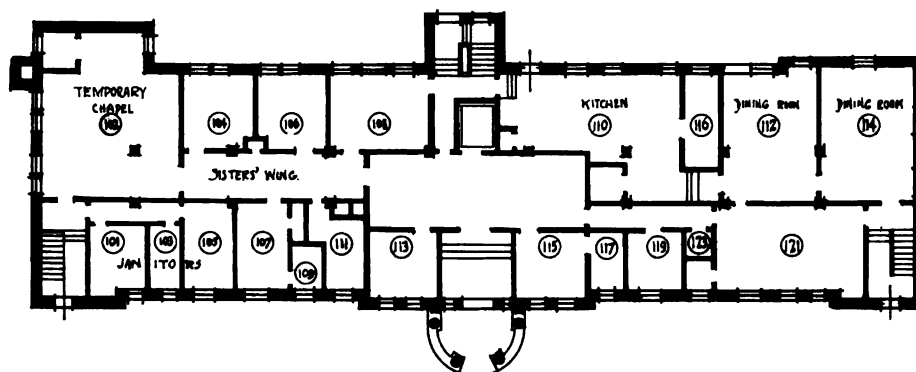
One enters the building through a marble lined vestibule from which the main offices can be reached without entering the hospital proper. Beyond the vestibule doors and directly in front of them is the elevator and staircase, the latter entirely cut off from the corridor, thus eliminating all noise and confusion from traffic in passing up and down to the various stories. From this central point, wide and well-lighted corridors branch east and west with living and ward rooms on the south and service rooms on the north; the same general plan being observed on all floors.

On the first story, the doctors' and business offices are located, in direct communication with all parts of the house by means of an inter-communicating



DELIVERY ROOM

telephone system. The west end of this floor is given to the sisters' quarters with a temporary chapel, the east end containing several large dining rooms, which communicate directly with the pantries and kitchens on the north. The kitchen



FIRST FLOOR PLAN

floor has been lowered to give additional height and ventilation; it is centrally located, opens directly into the rear yard and has access to the various service rooms above as well as to the cooling rooms in the basement by means of a dumb waiter. The basement proper extends only under the west half of the building, and contains the boiler, machinery and coal rooms as well as the laundry, which is equipped with all the latest devices.

Soiled clothing, etc., is delivered by the chute, which runs through all floors, adjoining which is an additional chute for refuse, which may be sent down to the incinerator. Convenient to this and to the steam boiler is a small private staircase leading to the janitor's quarters on the floor above, which are so arranged as to be absolutely isolated from other parts of the house. Directly under the kitchen is the cold storage room, which can be supplied from the main rear door and is easily accessible from the kitchen.

The vacuum vapor system of heating has been adopted, and the mains are so arranged that the heat can be supplied to the operating rooms and certain of the nursery service rooms, independently of the rest of the house.

The second floor contains ward rooms for adult patients, many of these rooms being equipped with the signal call system and each with its private lavatory. There are also two infants' wards with dressing rooms adjoining for the accommodation of those small patients, whom it is wished should be kept near to their mothers, occupying the ward rooms on this floor. Here, too, the nurses' quarters are located, a large room near to the diet kitchen being provided as a dining room for their use. A utility room and linen closet as well as the usual toilet accommodations are provided here as well as on all the other floors.

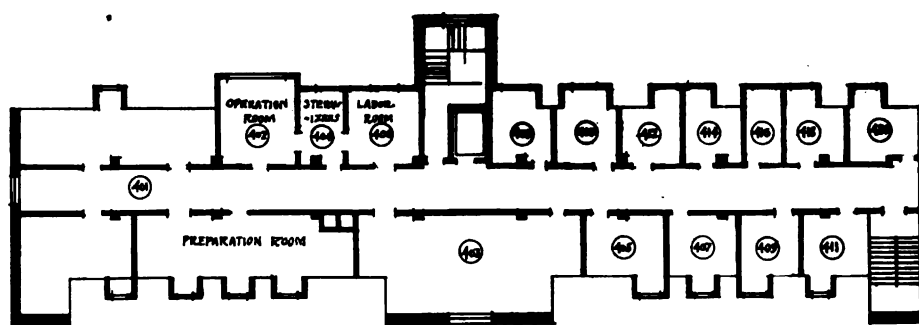
The third story is given up exclusively to infants' wards and very elaborate, and ample dressing rooms have been provided for them. Each has a baby's bath tub, a water closet, slop sink and specially

built dressing table with shelf below, as well as large wall case for linen and other supplies. The infants' food will be prepared in the main kitchen and sent up to the floor by the dumb waiter to the diet kitchen, where a large "Frigidaire" is installed. This machine, of which there is one in each diet kitchen, operates by means of an electric motor and insures a dry cold, as well as making ice for table and medicinal purposes, and is a vast improvement over the "ice box." They are all of ample size to contain what supplies are necessary and conveniently placed near the dumb waiter. There is also in each kitchen a sink, small gas range and sterilizer, so that the greatest precautions can be taken in having the milk used properly modulated.

A very large proportion of the house is prepared for the use of infants, as the institutions in the archdiocese now taking care of such cases are invariably filled to their capacity.

On this third story a very complete isolation ward has been provided at the extreme east end of the corridor. It contains four rooms and is entirely self contained, having its own toilet room, kitchen and sterilizer, so that safety from infection is guaranteed, even in possible cases of contagious diseases. At the opposite end of the corridor, and having south, west and north exposure is the solarium, a very large and cheerful apartment to be used by the convalescents, and possibly as a public ward, should occasion require. A reference to the plans will show that ward rooms, alike for adult and infant patients, are of varying capacities; an admirable arrangement for an institution of this kind where it may be necessary to group the patients into particular classes, and it was with this thought in mind that the dining rooms on the first floor were designed.

The fourth story contains the operating rooms, which occupy the finished portion of the west end of this floor. Here the floors are all laid in terrazzo marble mosaic with coved base, and walls finished



FOURTH FLOOR PLAN

with the most approved method of "cornerless" trim, which has been used throughout the entire house. The operating room proper has excellent light, both natural and artificial. The sterilization room adjoins, fully equipped with the latest style sterilizer for clothes, dressings, instruments, etc.; and beyond this is the delivery room. The preparation room directly across the corridor contains a very elaborately fitted receiving bath, toilet, etc., making the whole ward as complete as possible.

LARGELY CHARITY CASES

The east end of this story contains a number of rooms designed for the use of the help and for those mothers who after recovery may wish to remain. These rooms are all bright, of ample size, and have toilet accommodations convenient. They, as well as the ward rooms, contain lockers in lieu of closets; finished to match the rooms they add much to their appearance. The occupants of this wing may descend to the kitchen and dining rooms by means of a private staircase without necessarily entering any of the corridors.

In treating largely charity cases, as is the aim of this institutions, all classes of patients must be expected, and it is in view of this feature that these arrangements for segregation are made.

Typical hospital construction and finish have been used throughout. All doors are of the flush type, i. e., without panels, no wood trim is used, the jambs in all cases being slightly rounded as well as all angles and arrisses. The woodwork in the hospital rooms, is finished in a beautiful ivory toned white enamel, while living rooms are in walnut. The floors are olive green—stone composition with white borders, and all wall surfaces are white. The effect of this color on the different materials gives a sufficient and pleasing contrast.

Indeed, purity and cleanliness seem to be the prevailing notes throughout the building. Needless to say the furniture, bedding, etc., is spotlessly clean, and one can envy those infants, the first few months of whose lives will be spent in such an environment.

Catholic institutions, under the care of the "sisters," generally enjoy an enviable reputation, and it is believed that the Misericordia, truly a House of Mercy, and an especial interest of the Archbishop, is indeed destined to do a great work, the public most generally giving it the support it so well deserves.

Scholarship for Nurses' School

Mercy Hospital, conducted by the Sisters of Mercy at Hamilton, Ohio, announces the receipt of a \$500 annual scholarship for the school of nurses. This scholarship will enable a student in each graduating class to take some special post graduate course. It will be known as the Matthias Scholarship, in honor of Mrs. Anna M. J. Matthias, mother of Mrs. Homer Gard, who with Mr. Gard, established the scholarship.

Chicago Dietitians Meet

The Chicago Dietetic Association met in the Hospital Library and Service Bureau Room, 22 E. Ontario St., May 20. Ira Butler of the commissary department of the Pullman Company gave an interesting talk on dining car service and private cars. Mr. Minor of the Rockwood Products Company gave a short talk on some faults of women as buyers.

Sexton Again Is Chairman

Hartford Superintendent Is to Direct National Hospital Day Committee for Another Year

Dr. Lewis A. Sexton, superintendent, Hartford Hospital, Hartford, Conn., who so successfully directed the observance of first National Hospital Day on May 12, is chairman of the National Hospital Day Committee for another year. Dr. Sexton and his associates already are planning the personnel of the state organizations and an early announcement is to be made, as numerous hospitals are looking forward to the 1922 observance, especially institutions that failed to participate in the first celebration.

Already the National Committee has received requests for information from several hospitals that failed to benefit by the observance of last month, but which are determined to begin work on a program well in advance of next May 12. For this reason, and at the suggestion of a number of the more active state chairman who want as much time as possible to determine the make-up of their state committees, the National Hospital Day Committee will announce its state appointments in the near future.

In the great majority of cases, it is likely that the present state chairmen will be retained, as they have the experience of the pioneer work and are acquainted with state and local officials and with the hospitals of their section.

Hospital Calendar

Catholic Hospital Association, St. Paul, June 21-24.

American Association of Hospital Social Workers, Milwaukee, June 22, 24, 25, 1921.

British Columbia Hospital Association, Kamloops, July 6-8, 1921.

American Hospital Association, West Baden, Ind., September 12-16, 1921.

American Conference on Hospital Service, West Baden, September, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.

Protestant Hospital Association, West Baden, Ind., September 12-16, 1921.

Mississippi Valley Conference on Tuberculosis, Columbus, O., September 12, 13, 14, 1921.

Kansas Hospital Association, Newton, October 20 1921.

American College of Surgeons Philadelphia, October 24-29, 1921.

American Dietetic Association, Chicago, October 24-26, 1921.

National Society for the Promotion of Occupational Therapy, Baltimore, Md., October 20-22, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

Michigan Hospital Association, Flint, December 6-7, 1921.

National Hospital Day May 12, 1922.

Questions Superintendents Often Ask

How Would You Answer These Inquiries That Most Frequently Come to the Office of the American Hospital Association?

By A. R. Warner, M. D., Executive Secretary, American Hospital Association

The information service of the American Hospital Association to its members and to the field is now rapidly developing. Information and figures desired by a member are collected and compiled through the offices of the Association.

Among the questions most frequently asked are the following:

1. How many nurses should a hospital of given capacity maintain, including all executives, supervising and pupil nurses? This question usually inquires as to the total number of nurses which should be maintained by the institution to provide for the nursing work of the institution and to allow for illness, vacations, and other requirements of this personnel. It is recognized that the character of the work of the institution and the construction of the buildings both influence this figure. For example, one night nurse will be required for a ward of six patients and unless the patients are very ill, one night nurse is usually assigned to a ward twice this size. This figure is also affected by the number of nursing aids and the number of orderlies. Yet it is often desired to know how large a force is routinely maintained for an average hospital of a given capacity, for example, one hundred beds.

PRACTICE REGARDING VACATIONS

2. Knowledge as to the exact regulations of other hospitals in regard to the granting of vacations with pay to various classes of employees is frequently desired. It is recognized that these vacations will vary to the various classes and it often seems difficult to draw the line of demarcation without the moral support of knowing what other hospitals are doing in this matter.

WANT TO RAISE FUNDS

3. The recent financial difficulties of hospitals owing to the high cost of living have made it necessary for many institutions to seek new methods for raising funds. Questions are asked as to the feasibility and operation of whirlwind campaigns, state, city and county subsidies, direct appeal by mail or otherwise to citizens, appropriations from city and county treasuries, and others. That there is really need for hospitals to carefully consider their methods of securing funds for maintenance is made evident by the fact that in some of the institutions making inquiry, insurance and industrial cases are still cared for at the regular part pay ward rate. There is not as yet recognition of the fact that the institution has no moral right to dissipate funds received for its operation as a charitable institution in the care of patients for which insurance companies, industrial firms, states, counties, or cities are legally as well as morally responsible and have accepted this responsibility. This is done whenever one of these cases is cared for at less than cost, as represented by the average per capita cost figure. It is generally recognized that the charging of a per diem equal to the average per

capita cost figures without extras, amount to the same and is much easier and more satisfactory to figure than a per diem charge for bed and board only, to which is added extra charges for various professional services, as laboratory, dressings, etc. It is hoped that no hospitals are now renting private rooms for a rate less than cost.

CONTRACT WITH X-RAY DEPARTMENT

4. What form of contract should be made with the responsible head of the X-Ray Department? This is today a live question. Hospitals must have these competent and responsible heads, which means a professional responsibility, professional service and professional compensation. Usually the right man for this position in every community already has a practice in this specialty and therefore a part time arrangement is practically necessary. It is always a convenience to such a man to be able to use the equipment of the hospital for private patients referred to him by the staff at the hospital. The value of the work done for the hospital compared with the value of the advantage to the roentgenologist from the hospital connection and use of hospital equipment is a matter which must usually be decided by the local condition. There is, however, often the desire to know what the decisions are in other institutions.

HANDLING THE LINEN

5. Many questions are on some phase of the problem of handling the linen. Is the linen marked separately for each ward or department of the hospital? Is it kept separate and how is it dispensed? How much linen is allowed each day per bed? These and many other questions are asked showing that the linens still present many problems to the hospital administrator.

How would you answer the above questions?

Now the Jackson Hospital

The Lee Surgical Hospital, recently taken over by a group of San Antonio physicians and business men, after extensive improvements, was opened June 1 under the name of the Jackson Hospital. George B. Taliaferro is president of the new hospital association. The hospital named in honor of the late Dr. T. T. Jackson.

Utah Association Meets.

The annual meeting of the Utah Hospital Association was held May 27 at Holy Cross Hospital, Salt Lake City, according to Dr. E. F. Root, secretary. The principal discussion involved case records and affiliation with the state university for nurse training.

To Take Special Course

Miss Dorothy Neer, superintendent, City Hospital, Springfield, O., has been granted a leave of absence for a month to take a special course at Columbia University.

What Is Wrong With Your Hospital?

Read This Page and Then See How Many of the 150 Administrative Hindrances Listed on the Following Pages are to Be Found in Your Institution

On the next two pages of HOSPITAL MANAGEMENT are to be found 150 hindrances or administrative defects by which hospitals lose efficiency. These hindrances represent most of the common faults. All, however, may be removed by thought and application and for this reason the accompanying list should be studied with deep interest.

An experienced hospital executive undoubtedly can add many more hindrances to the list published herewith and HOSPITAL MANAGEMENT would like to hear from superintendents and others who will suggest additional hindrances so that these may be incorporated in a list to be published later.

It is related of the late James Gordon Bennett, owner of the New York *Herald*, that his executives were accustomed to congratulating themselves and also each other on the excellence of their own work, and then passing the pleasing information to Mr. Bennett who was at that time a resident of Paris. These statements were included in his daily reports. He had inquiries made through personal messengers of people in all walks of life. Each was asked what they thought of the *Herald*, and the replies were usually discouraging, but there were also constructive and corrective suggestions.

These reports were considered with great care, and the result was a change in policy, method, and in some of the executives. The improvements were especially reflected in the editorial column. They discovered their hindrances by going out after them.

What is that old sentence about "Our best friends tell us our faults and help in remedying them?" This is a case of checking up judgment and securing the views of friends.

It is supposed through this list of hindrances to direct and concentrate attention to institutional weaknesses, in preference to the sole consideration of the work that has been well done. We gain more through a study of our losses than through a habit of general acceptance of prevailing conditions that may ultimately cost us the loss of what we have now.

Discontent is conducive to advancement. Through it we observe, correct, improve and gain encouragement to work with greater earnestness and competency.

EACH HINDRANCE REMOVABLE

Each hindrance is a removable one. Each hindrance can be used as a blessing and become a reward for better work. There is no hospital in the land that can conscientiously declare, after its having read this list of hindrances, that there is no fault in the institution, or that the work cannot be improved.

It is the belief of the experienced hospital authority that nine in every ten hospitals can improve, and that seven in every ten are in great need of improvement. The hospital may not recognize this need or always desire it, but the fact remains that the institution is not doing its best work.

Hospitals are passing through an era of unprecedented improvement, especially in inside organization and management plans. They are considering more thoroughly and carefully each detail which pertains to the care and treatment of the business departments.

For best use of the hindrances it is suggested that hospitals study them and check each one interfering with the work or the advancement of the institution. Later members of the governing board, the medical staff, and possibly representative women, may be asked to add their checks. Afterward, the hospital should list all that have been checked and work out a plan for the strengthening and up-building of the institution.

DEPARTMENTAL WEAKNESSES

Individual or institutional activities must progress or stagnate. A hospital will be helped by giving the individual worker the incentive for improvement. It is therefore needful to take this information and study it thoroughly. Hospitals can place this list in some conspicuous place, or secure extra copies for distribution.

Departmental weaknesses have not been listed, but hospitals may find it helpful for the heads of departments to list their weaknesses, in association with all of the members of their department, so that there will be departmental lists for similar publication. What one executive sends may help a hundred or more.

Hospital Social Workers Meet

Members of the American Association of Hospital Social Workers will meet in connection with the National Conference of Social Work at Milwaukee June 22, 24 and 25. Speakers on the hospital workers' program will include Michael M. Davis, Jr., New York; Miss Frances Hostetter, Presbyterian Hospital, Philadelphia; Miss Ida M. Cannon, Massachusetts General Hospital and president of the Association; John E. Ransom, Michael Reese Dispensary, Chicago; Dr. Herman M. Adler, Miss Edna M. Foley, Mrs. Bess L. Russell, Michael Reese Dispensary, Chicago; Miss Gertrude L. Fermer, Boston City Hospital; Miss Mary C. Jarrett, Miss Katherine McMahon, Boston Dispensary. Business to come before the A. A. H. S. W. includes discussion of means of closer co-operation with the American Hospital Association Service Bureau, determination of policy regarding whether the A. A. H. S. W. should have an executive secretary, and election of officers.

Post-Graduate School of Anesthesia

A post graduate school of anesthesia has been established at Minneapolis General Hospital, open only to graduate physicians and dentists. It is conducted throughout the year and covers a period of two weeks, during which the student is taught all forms of practical anesthesia by means of lectures, demonstrations and practical application of the didactic teaching daily in dental, surgical and obstetrical anesthesia. Classes are limited to six students, thus permitting each student to receive personal attention. All types of general anesthesia are taught. The use of standard apparatus, illustrated and described, and the technique of each apparatus will be taught clinically. The variety of the clinical material received at this institution is exceptionally good for teaching purposes. The faculty includes J. A. Heidbrink, D. D. S., dental anesthesia, and A. E. Guedel, M. D., surgical anesthesia. Dr. Walter E. List, is superintendent of the hospital.

Three State Associations Planned

State hospital associations are being planned in three states, due in great measure to the interest aroused among the institutions by National Hospital Day. In each instance the state chairman of the National Hospital Day Committee is directing the organization efforts.

How Your Hospital Loses Efficiency—

Here Are 150 Hindrances Which
to Page 49 to Learn How This

By Cornelius S. Loder, Cornelius S. Loder and

- 1 ☐ Imperfect organization.
- 2 ☐ Obsolete methods.
- 3 ☐ Outside dictation on inside duties.
- 4 ☐ Medical staff dictating.
- 5 ☐ Head nurses and department heads knocking each other.
- 6 ☐ Inability to shift responsibility and authority.
- 7 ☐ Responsibility without authority.
- 8 ☐ Authority without responsibility.
- 9 ☐ Conflicting authority.
- 10 ☐ No standardized policies.
- 11 ☐ Executive pigeon-holing ideas.
- 12 ☐ Unconcerned with public opinions.
- 13 ☐ Superintendent unsupported by the governing board.
- 14 ☐ Executives who cannot let go of detail.
- 15 ☐ High priced executives doing detail and routine work.
- 16 ☐ Inappreciation of the governing board.
- 17 ☐ Governing board not in control.
- 18 ☐ Resting and rusting.
- 19 ☐ Service not commensurate with capacity and facilities.
- 20 ☐ Putting low values on service because of interest revenues.
- 21 ☐ Too contented with present methods.
- 22 ☐ Stagnation through satisfaction.
- 23 ☐ Guess work in place of certainty.
- 24 ☐ Service needs grown beyond capacity.
- 25 ☐ Making little of serious errors.
- 26 ☐ Antagonistic to improvements.
- 27 ☐ Dissatisfied patients.
- 28 ☐ Incoming patients and visitors received in a cold, perfunctory manner.
- 29 ☐ Hanging to the chronic pessimists.
- 30 ☐ Playing favorites.
- 31 ☐ Having pets.
- 32 ☐ Making much of little things.
- 33 ☐ Constitutional lethargy.
- 34 ☐ Striving for false popularity.
- 35 ☐ Generalizing instead of specializing.
- 36 ☐ Inactive on essential lines.
- 37 ☐ Poor supervision.
- 38 ☐ Loss of prestige through poor supervision.
- 39 ☐ The can't-be-done type.
- 40 ☐ Poor adaptation to other wise and good plans.
- 41 ☐ Too much system and too little method.
- 42 ☐ Useless inquiries and discussions.
- 43 ☐ Reports not wanted, not read.
- 44 ☐ Difficulty in finding things.
- 45 ☐ Accounts chaotic.
- 46 ☐ Lack of vital statistics.
- 47 ☐ Deferred cleaning up.
- 48 ☐ Failure to short-route things.
- 49 ☐ Important records lost.
- 50 ☐ Methods and equipment antiquated and cumbersome.
- 51 ☐ Results sacrificed by rushing work.
- 52 ☐ A saving policy in place of a constructive one.
- 53 ☐ Crying for more money instead of effective and economical methods.
- 54 ☐ Poor operating plans, causing censured service even with perfect equipment.
- 55 ☐ Unnecessary duplication of records.
- 56 ☐ Bucking the organization system.
- 57 ☐ The known but unseen spoilage.
- 58 ☐ Doctoring records.
- 59 ☐ Depending on memory.
- 60 ☐ Poor planning.
- 61 ☐ Too much motion and misdirected efforts.
- 62 ☐ Burdensome fixed routine.
- 63 ☐ Omitting requisition and inventory forms.
- 64 ☐ Daily and monthly reports always late.
- 65 ☐ Departments failing to interlock, or work overlapping with duplication.
- 66 ☐ Contracting for building without a definite understanding of terms and conditions.
- 67 ☐ Overwork and underwork.
- 68 ☐ Too much breaking in of new help.
- 69 ☐ Precedents obstructing progress.
- 70 ☐ Workers waiting to be assigned to tasks.
- 71 ☐ Lavatory and sick excuses.
- 72 ☐ Activity mistaken for work.
- 73 ☐ Lack of team work and cooperation.
- 74 ☐ Neglecting own work to keep other's work straight.
- 75 ☐ Active or very busy on non-essentials.
- 76 ☐ Unnecessary leg-work on floor and stairs.
- 77 ☐ Want of promptness—slow service.

And Every Leak Can Be Stopped

Impair Service in Hospitals; Turn List Can Help Your Institution.

Associates, Hospital Consultants, New York.

- 78 ☐ Hand-workers handicapped with poor equipment.
- 79 ☐ Brain workers handicapped with petty wearisome daily routine.
- 80 ☐ Institution misunderstood.
- 81 ☐ Public too critical.
- 82 ☐ Treating the hospital and the service as though it were a trade.
- 83 ☐ Gifts without expressed appreciation.
- 84 ☐ Supply houses literature and salesmen given scant courtesy, especially on new lines or special prices.
- 85 ☐ Constantly raising money for debts and the dark dead past.
- 86 ☐ Continuous increases of expense without improvement in service or plan.
- 87 ☐ Expensive experiments using up needlessly, time, cost and effort.
- 88 ☐ Sacrificing results by practising false economy.
- 89 ☐ Economies, erroneously based on amount of money saved instead of on value.
- 90 ☐ Buying economically and using extravagantly.
- 91 ☐ Surplus funds not advantageously employed.
- 92 ☐ Guessing on the relation of earnings, income and expense.
- 93 ☐ Misappropriations.
- 94 ☐ Confusing expenses with the capital account.
- 95 ☐ Concealed leaks and weak conditions.
- 96 ☐ Wasted floor space.
- 97 ☐ No check or control on food, silver or linen.
- 98 ☐ Patients' charges inadequate.
- 99 ☐ Patients able to pay, dodging their accounts.
- 100 ☐ Staff doctors in too much authority.
- 101 ☐ Plans left with ever shifting executives.
- 102 ☐ Catering to exceptions.
- 103 ☐ Neglecting opportunities for advancement.
- 104 ☐ Self-complacent satisfaction with present conditions.
- 105 ☐ Inertia in starting new work.
- 106 ☐ Using ideas suitable to other institutions, but unfitted to this.
- 107 ☐ Indefinitely deferred clean up.
- 108 ☐ Essential information buried.
- 109 ☐ Wearisome detail.
- 110 ☐ Useless statistics.
- 111 ☐ Misfits in appointments.
- 112 ☐ Misfits and misplacements.
- 113 ☐ Chronic lates.
- 114 ☐ Time servers employed.
- 115 ☐ Time killers in service.
- 116 ☐ Failure to use common sense.
- 117 ☐ Failure to see.
- 118 ☐ Failure to hear.
- 119 ☐ No attention to employees' suggestions.
- 120 ☐ No attention to superintendent's suggestions.
- 121 ☐ No attention to patients' suggestions.
- 122 ☐ Cumbersome safeguards.
- 123 ☐ False economy by purchasing cheap rather than effective appliances.
- 124 ☐ Waiting to purchase essentials on a declining market.
- 125 ☐ Petty pilfering undiscovered or winked at.
- 126 ☐ Thefts of supplies.
- 127 ☐ Departments not correlated.
- 128 ☐ Superintendent not holding conference with department heads.
- 129 ☐ Department heads not holding conference with those under them.
- 130 ☐ No esprit de corps.
- 131 ☐ No institutional pride engendered amongst employees.
- 132 ☐ Ventilation neglected leaving unnecessary perceptible hospital odor.
- 133 ☐ Improper fire protection.
- 134 ☐ Patient's comfort overlooked in the round of professional duties.
- 135 ☐ Hospital executives not fully trained for their positions.
- 136 ☐ Chasing after the management.
- 137 ☐ Chasing after the superintendent.
- 138 ☐ Not recognizing basic business principles.
- 139 ☐ Community apathy.
- 140 ☐ Reports not informing.
- 141 ☐ Business office not business-like.
- 142 ☐ No group diagnostic service.
- 143 ☐ No women's auxiliaries.
- 144 ☐ Women's auxiliary giving indifferent service.
- 145 ☐ Endowments neglected.
- 146 ☐ No legacies nor bequests in wills.
- 147 ☐ List of annual contributors not worked.
- 148 ☐ Ignoring complaints.
- 149 ☐ Permitting impositions.
- 150 ☐ Governing board with divided interest.

"Who's Who" in Hospitals

Personal Notes of Men and Women
Who Are Making the Wheels Go 'Round



HAROLD W. HERSEY, M. D.

Superintendent, New Haven Hospital, New Haven, Conn., and
President, Connecticut Hospital Association.

Dr. Hersey is one of the foremost hospital executives in the country and his paper on "Keeping Up With Administrative Progress," read at the 1920 American Hospital Association convention, was one of the most widely discussed papers of that gathering. Dr. Hersey's direction of the National Hospital Day activities as Connecticut chairman again demonstrated his ability as an organizer. Dr. Hersey is a graduate of Harvard University, 1904, and Harvard Medical School, 1908, and has been superintendent of New Haven Hospital since September, 1919. He was house officer at Worcester City Hospital from 1908-1910, and assistant resident physician at Massachusetts General Hospital from 1911-1919. During the war period he also was assistant administrative officer of the McLean Hospital and at the time of accepting the superintendency at New Haven was first assistant resident physician at Massachusetts General Hospital. His recent election to the post of president of the Connecticut Hospital is a further recognition of his ability as a hospital administrator.

Mrs. Nan H. Ewing, formerly assistant superintendent of Rockford, Ill., Hospital, is taking a post graduate course at Chicago Lying-In Hospital. Mrs. Ewing previously was connected with the Ardmore, Okla., General Hospital.

Miss Martha M. Russell, the new secretary of the National League of Nursing Education, has been superintendent of the school of nursing of the University Hospital, Boulder, Colo., since November,

1918. She has been in continuous service since her graduation from New York Hospital, having been assistant superintendent of the Lying-in Hospital, Providence, and directress of nurses, West Penn Hospital, Pittsburgh, before going to Sloan Hospital, New York, as superintendent, where she remained for thirteen years. Miss Russell entered Red Cross service in 1917 and has been at Boulder since the armistice.

P. W. Behrens, superintendent, Toledo Hospital, Toledo, O., and Mrs. Behrens went to Ascoda, Mich., for a week's vacation in the woods in the early part of June.

Dr. Elmer Northcutt and Dr. J. E. Willis, both of Lexington, Ky., propose to establish a chain of hospitals in Eastern Kentucky. Plans for the first institution at Irvine, Ky., are now being developed.

William G. Letzkus, for thirty-five years druggist at Children's Hospital, Philadelphia, recently was tendered a testimonial dinner at Hotel Rittenhouse by the board of managers. Edward S. Sayres, president of the board, Dr. J. Claxton Gittings, medical director, Dr. John H. Jopson, president of the staff, and Dr. James A. Babbitt were among the speakers.

Dr. Lee Botts has established the Botts Hospital at Glasgow, Ky., with emergency provision for fifteen patients.

Arthur A. Fleisher, president of the hospital, Miss Sara Krewson, superintendent of the nurses' school, and Miss Carolyn B. Schweriner, of Reading, valedictorian, participated in the program incident to the graduation of the twenty-ninth class of Jewish Hospital, Philadelphia, School for Nurses.

Circle Drive Hospital, a seventeen bed institution, has been opened in Maryville, Tenn., with Mrs. Lucy Huff, formerly of Lincoln Memorial Hospital, Knoxville, as superintendent. The institution is operated by Drs. C. C. Vincent, J. E. Carson, R. L. Hyder and G. D. Lequire.

Dr. M. Q. Ewing of Baptist Memorial Hospital, Memphis, has been appointed general superintendent of the Gilmore Sanitarium, Amory, Miss., with Mrs. R. S. Kirk, a graduate of Presbyterian Hospital, Memphis, chief nurse.

Bloomington Hospital, White Plains, N. Y., was 100 years old recently and the centenary was observed by an elaborate program, including a pageant depicting the evolution and development of the treatment of mental and nervous diseases. Dr. William L. Russell, superintendent, made an address.

Mount Sinai Hospital, Philadelphia, of which Dr. Elbert S. Hyman is superintendent, plans the erection of a \$250,000 addition. Dr. Col. Samuel D. Lit was elected president of the hospital association and Elias Wienmann chairman of the executive committee.

Miss Anna Sheppard has been appointed superintendent of the District Tuberculosis Hospital at Springfield, O.

Miss Mary Whitney has resigned as directress of the Knoxville, Tenn., General Hospital.

Dr. Bertram H. Waters, physician-in-chief at Loomis Sanatorium, Liberty, New York, announces a plan to broaden the scope of the institution along the lines of research. The announcement was coincident with the twenty-fifth anniversary of the establishment of the sanatorium.

THE HOSPITAL ROUND TABLE

Washing Painted Walls

At the Ohio Hospital Convention an interesting point was brought out in connection with washing of painted walls by a superintendent who said that this work should be begun at the floor and not at the ceiling. He added that frequently when some of the employes of the institution were given the task of cleaning the walls they began at the ceiling and worked down, but frequently left the wall streaked from dirty water that ran down over the part of the wall that had not been cleaned. When painters later were assigned to the task of washing the walls they began at the floor and worked up. When they did this, the superintendent explained, they asserted that it is an easy matter to wipe water off clean paint, but that when water ran down into the grease, dirt, etc., on an unwashed wall it frequently left a mark that could not be removed. "Begin at the floor and work toward the ceiling" was the advice of this superintendent to all who wanted to wash walls.

Box for Cleaning Brooms

At a recent hospital convention in Canada a box for cleaning brooms was exhibited. This consisted of an ordinary box with a slot in the lid through which the handle of the broom projected. The bottom of the box was constructed like a grating and by moving the broom backwards and forwards the dust was dislodged from the broom and deposited in a tray.

To Exterminate Ants

During the summer months ants, either of the small red variety, lawn ants, or the large black ants, frequently invade buildings, says a recent bulletin of the Chicago Department of Health.

The following remedy for getting rid of ants, recommended by the Bureau of Entomology, U. S. Department of Agriculture, is offered. Arsenate of soda is the agency suggested and should be prepared as follows: To one pound of sugar, dissolved in a quart of water, add 125 grains of the arsenate of soda. This mixture should be boiled and strained and cooled before it is ready for use. Procure a few small sponges and saturate with the syrup and place them where the ants can have ready access to them. Adding a little honey to the syrup will make the mixture more attractive. When the sponges are filled or covered with ants, dip them in boiling water, refill with the syrup and place again. This method of control has been tested for three years by an expert of the Bureau of Entomology and has given satisfactory results. The greatest precaution should be taken in preparing this syrup and in safeguarding it afterwards to prevent its being the cause of poisoning to human beings or domestic animals.

Saving on Forms

Rev. J. H. Bauernfeind, superintendent and treasurer, Evangelical Deaconess Hospitals, Chicago and Monroe, Wis., told of a saving of 33 per cent on printed forms at a round table discussion at a recent

convention. This saving, he explained, was effected by the use of plain or unruled paper, instead of the ruled sheets that had been used previously. In connection with this suggestion, Mr. Bacon, Presbyterian Hospital, Chicago, told how an institution had saved 25 per cent of its bill for printed forms by using both sides of the sheet instead of one.

Collecting Patients' Bills

"No patient will be permitted to leave the hospital until this bill is settled" is the gist of a notice on the bill head of a large hospital in the middle West which has failed to collect only about 6 per cent of all the bills tendered. Another hospital which has had a great deal of success in collecting from patients has a note on its bill head to the effect that patients will be removed to the open ward unless the bill is settled within 72 hours after its presentation.

Notes of Superintendents

Miss Margaret Ramsey, a graduate of the Children's Hospital, Winnipeg, has assumed her duties as superintendent of the Children's Free Hospital, Louisville.

The Hebrew Sheltering Home for Infants recently opened its new home in Germantown, Pa. Miss Marie Winokur is superintendent.

Miss Margaret M. Stoddard of the Chicago Lying-in Hospital has been chosen superintendent of the new Henry County Hospital at Mt. Pleasant, Ia.

Nathan P. Hall has been appointed assistant superintendent of the Philadelphia Hospital for Mental Diseases at Byberry.

Dr. C. E. K. Vidal has been reappointed superintendent of the state tuberculosis hospital at Galen, Mont. Dr. Vidal has been in charge of the institution for two years. During the war he and his son served overseas in the medical corps and Dr. Vidal retired as a major.

Dr. Willard L. Quennell is superintendent of the Highland Park General Hospital, Highland Park, Mich., which recently opened its new \$750,000 building. Others connected with the institution are Miss Laura McEachern, superintendent of nurses; Miss Katherine Sheldon, head dietitian; Elmer Brown, pharmacist; Mrs. Carrie E. Bush, matron; Frank Bedford, chief engineer; Miss Margaret McIntyre, chief clerk; Miss Katherine Hanson, head anesthetist; Miss Anne E. Broad and Miss Mary B. Bogan technicians.

Flower Hospital Loses Executives

Flower Hospital, Toledo, recently lost its superintendent and a supervisor of nurses, both of whom resigned to be married. Miss Hazel Morse Runyon, superintendent, was married to James Oscar Sexson, president of the board of trustees of the new Phoenix, Ariz., Deaconess Hospital, at the First Methodist Episcopal Church, Los Angeles, Calif., on April 30, and after a honeymoon trip to various points in California, went to Phoenix to make their home. Mrs. Sexson is a graduate of Christ Hospital, Cincinnati, where she later was supervisor of nurses. Miss Christine Summer, a graduate of Flower Hospital and later an instructress in nurses there, was married to Howard M. Frick of Fostoria, Ohio, December 18. Mr. and Mrs. Frick live at Bellefontaine, Ohio.

Hospital Management

Published in the interest of Executives in Every Department of Hospital Work

Published on the fifteenth of every month by the
CRAIN PUBLISHING COMPANY

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537 S. Dearborn Street, Chicago

Telephones Harrison 1333 and Harrison 1347.

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Vol. XI

June, 1921

No. 6

Our Platform

1. *Better service for patients.*
2. *Hospital facilities for every citizen.*
3. *Adequate training for hospital executives and staffs.*
4. *Education of the public to its responsibility and duty toward hospitals.*

Are the State Associations Necessary?

From reports of recent conventions of state hospital associations one might imagine that small hospitals in various parts of the country have come to the conclusion that, as far as they are concerned, state associations are not necessary. Attendance of representatives of the smaller institutions was not what it should be and with a few exceptions the "little fellows" took very little part in the discussions.

HOSPITAL MANAGEMENT, which was the first publication to realize the value of organization, believes that there never was a greater need for strong state associations, affiliated with the national body. Attempts to force through legislation inimical to hospitals have been made in various sections and in some cases these efforts have been frustrated only because of the

aggressiveness of a handful of far-sighted executives who at considerable inconvenience and cost in time and money fought for all of the hospitals of the state and won the day. These few leaders obtained other benefits for other institutions as well as their own and in some cases these hard won privileges were put in jeopardy by the failure of the inactive hospitals to meet various conditions required.

Since there is such great necessity for state organization, why, then, this indifference on the part of so many hospitals? HOSPITAL MANAGEMENT ventures to assert that the blame doesn't rest entirely on the institutions. The average hospital superintendent is quick to realize the value of an organization such as a state association is intended to be and will readily avail himself of the privileges of membership. The opportunity to talk over common problems and to hear authorities speak on various topics, such as comes at a state convention, brings with it many practical benefits.

Perhaps the lack of interest in the state association on the part of the small hospital can be traced to a similar lack of interest in the small hospital on the part of the association. In the early days of the association every one had an opportunity to take part in discussions and small hospitals were not backward in setting forth their problems and their remedies. Gradually, as the association grew, however, representatives of the larger hospitals, perhaps unconsciously, began to monopolize the program and as a result the smaller hospitals thought it wasn't worth while to attend the convention. This led to decreased interest in the association and finally to withdrawal from membership.

The superintendent of the small hospital can not be blamed for staying away from a convention which is given over to discussion of social service by a representative of an institution with a score of social service workers, or which is given over to papers on other topics discussed from such a standpoint. Recently there was a question raised at a convention as to the number of ward maids required for a ward of from 20 to 24 beds. Not more than a dozen people present, undoubtedly, were interested in this question and yet ten minutes or more were devoted to it. The superintendent of a hospital of 30 or 40 beds could not be blamed for lack of interest in a program of this sort.

There is a bright side to this subject of membership in state associations, however, that HOSPITAL MANAGEMENT knows that officers are awake to the necessity of doing something to win back the lost membership and steps already are being taken to this end. A suggestion worth trying, however, might be to give more attention to the smaller hospital when the program is being made up, and, more important, throughout the twelve months between conventions. An association that does no more for its membership than to

arrange for a convention can not hope to prosper as it should. "Service" is the slogan of the American Hospital Association, which, incidentally, is carrying out this slogan most commendably.

If state organizations will follow this example of the A. H. A., the attitude of the hospitals of the state will quickly change and attendance at conventions and other forms of expression of interest in the association will be most convincing.

Psychological Damage to Patients

DR. CABOT of the University of Michigan medical school touched on an important problem of the hospital in his discussion of psychological damage to patients before the Michigan Hospital Association and the interest with which this subject was received indicates that it is one to which hospital executives are devoting considerable attention.

The development of the hospital from the standpoint of the physical comfort and convenience of the patient has been very great in recent years and while the mental side of the sick person has not been neglected, the present day patient is called on to face many shocks in the form of sights and sounds which are just as great, perhaps, as were the mental jolts received by patients in pioneer hospitals. Occupational therapy and social service have done much to alleviate the mental condition of the patient and the remarkable expansion of these departments of hospital service attest to the value of the proper mental attitude in winning the fight against disease, yet only too many hospitals admit patients and refer them to various parts of the building without a thought of the tremendous strain the sight of the hospital machinery, apparel, and other adjuncts of the institution put on the already overwrought person.

As DR. CABOT pointed out, there is definite damage done by these psychic shocks, some of it permanent. Any hospital executive knows that the greater number of these shocks can be eliminated by some simple precautions and yet patients continue to be received in the same old way and forced to endure the same old shocks.

The development of the small ward idea and of the private room hospital building is an example of how hospital executives are endeavoring to minimize these psychic shocks. DR. CABOT suggested a special entrance, through which patients may be admitted without having to come into contact with institutional sights, as a solution of this problem. Since leaders in the field, including architects, have been considering this problem for some time, the next important development in the hospital may be toward the elimination of this psychological damage.

A By-product of Hospital Day

Besides drawing the people of the community more closely to the hospitals, National Hospital

Day, according to advices received by the National Hospital Day Committee, has had the effect of making the hospital executives of several states know their fellow workers more intimately. This is evidenced by reports of plans for the organization of three new state hospital associations. It is significant that in each instance the person directing the plan is the state chairman of the National Hospital Day Committee.

If National Hospital Day did no more than to stimulate interest of superintendents in their co-workers of other institutions and to facilitate the development of state organizations, it would have accomplished a great deal for the field, but as a matter of fact this splendid result is merely in the nature of a by-product of the day.

The fact that leadership in the organization of sectional associations has been taken by state chairmen of the National Hospital Day Committee further proves the progressiveness of the men and women who so readily recognized the need of a day such as National Hospital Day and the way these committeemen "put over" the movement on an international scale in less than two months indicates their ability.

With the experience of the initial day behind them, DR. SEXTON and his co-workers look forward to a much greater National Hospital Day in 1922 and they should be able to count on the heartiest co-operation of every progressive hospital and hospital association. DR. SEXTON already is working on his list of state chairmen so that the preliminary work will be out of the way as soon as possible and suggestions and plans may be considered and acted on without delay.

Criticism and Reconstruction

We often hear that hospitals are more poorly managed than any other business, but in looking over Dun's or Bradstreet's report we see a very large percentage of business failures while there are very few hospitals that actually close their doors. This in spite of the fact that during the world war hospitals in this country increased their rates an average of only 35 per cent. They have never been accused of profiteering. They weathered the storm in spite of the fact that they sent thousands of their trained people to care for our sick and injured soldier boys.

These hospital superintendents who stayed at home and stuck to their job received no recognition, nor did they ask any. As this is the reconstruction period, we feel that it is the proper time to be a little more considerate in our criticism of the way some of our superintendents run their hospitals and do all we can to assist them in their complex problems.

A. S. B.

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Welfare Work of Continental Motors

First Aid, Compensation, Insurance and Safety Departments of Muskegon Company Under One Direction Give Splendid Results

The latest annual report of the work of the first aid department of the Muskegon Plant, No. 2, of the Continental Motors Corporation, summarized below, indicates in a general way the service rendered and its cost:



WHERE INJURIES ARE TREATED

Number of employees, 4,200.
Injuries treated (minor and serious), 11,041.
Redressings, 12,209.
Total treatments, 23,250.
Fatal infections, 1.
Days lost through accident, 2,075.
Compensation paid, \$9,075.10.
Medical and hospital first aid, \$7,309.45.
Salaries, \$8,273.23.

The company handles its own liability insurance and according to J. R. Anderson of the compensation department, an actual saving of \$48,233.88 was made, this including the plant at Detroit where there are 3,000 employees. Mr. Anderson says that by handling its own insurance the company gets satisfactory results through closer contact, prompt settlement of all claims, and in other ways.

The first aid, compensation, insurance and safety departments of the Continental Corporation are under one head, this executive having charge of all medical expense, claims from accidents and safety work.

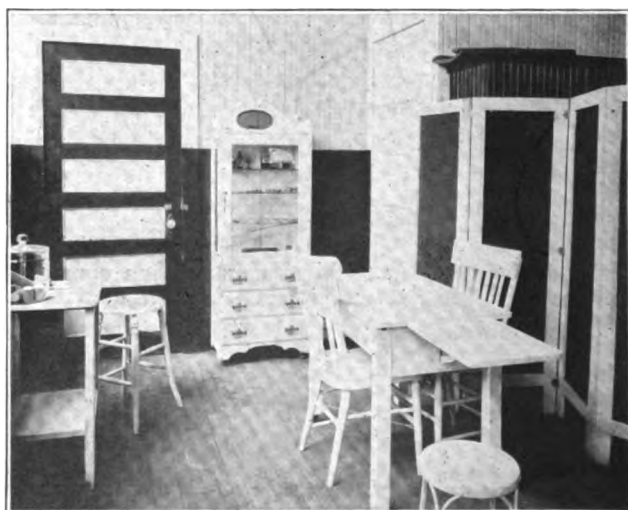
The first aid department at Muskegon is in charge of a full time physician, whose assistants include two graduate nurses and a stenographer who also is record clerk.

All new employees are given a physical examination and Mr. Anderson reports that the company has met with no opposition to this rule.

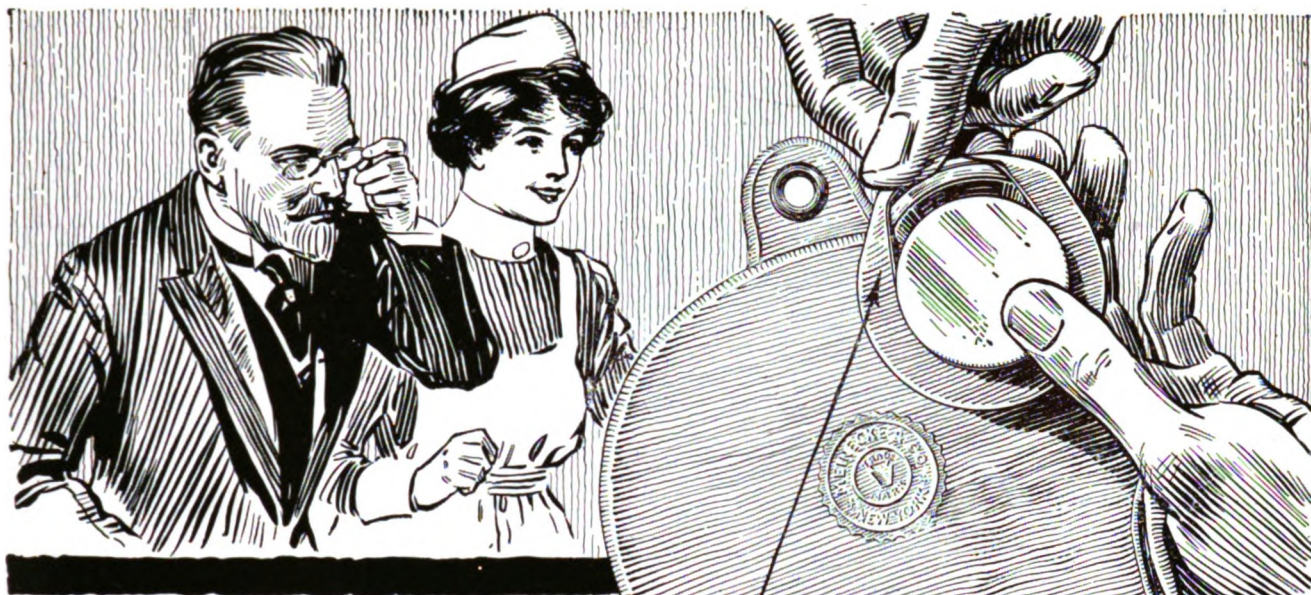
The policy of the medical department is to give the employee the best possible care at the plant. Then the patient is taken home or to the hospital, as may be necessary. When sent home, the patient is visited by a nurse or doctor until he is sufficiently recovered to report at the first aid department for treatment.

Minor operations are done and all kinds of minor ailments treated and everything possible is done to keep the workman on the job.

The Continental Corporation Welfare Department some time ago made an investigation into methods of inducing employees to report to the first-aid room, no matter how trivial their injuries might appear, and as a result of this investigation the word "hospital" was discarded and "first-aid department" substituted. It was found that many of the employees disliked the thought of going to a "hospital" who readily made use of the facilities of the department when it was called "first aid."



A CORNER OF THE FIRST AID ROOM



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(Cannot Drop Off)

Pleat All Around
(Gives Large Capacity)

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A—Progress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon Rubber. The best all-around Ice Cap made.

B—Perfection Ice Bags. Made in three sizes, namely, small, 5x9, medium, 6x11, large, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, and the lower part of all Rubber Stock. The box-like pleats permit this Bag to assume a square shape when filled.

C—Army and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, large size, (for adults) 12½ inches in diameter, small size, 10 inches in diameter. Made of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag for use in fever cases, as the ice can be centered over the base of the brain. Loops are provided for tying on, in case the patient is delirious. This Ice Cap can be flattened out to form a large round Ice Bag, for use when a large area is desired to be covered, especially over the chest or abdomen.

D—Progress Throat Ice Bag. Made of Cloth-Inserted Maroon Rubber in two sizes, namely, small size, 10 inches, large size, 12 inches. For application to the Throat or head.

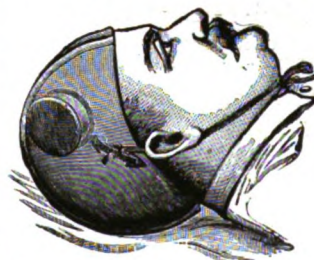
E—Face and Ear Bags. Made in one size only, of all Rubber Stock, for use on the forehead, back of the ear or back of neck and over the head. This Bag can be used for either Ice or Hot Water. For tying on purposes this Bag is provided with a linen bandage which fits over the Cap.



A—"Progress" Oblong Ice Bag.



B—"Perfection" Ice Bags.



C—"Army and Navy" Combination Ice Bags and Helmets.



D—"Progress" Throat Bags.



E—Face and Ear Bag.

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Health Service in New England

National Industrial Conference Board Surveys Extent and Character of Health Supervision in 90 Plants

In order to determine the extent to which health supervision of employes was being practiced in the industries of New England, and to become familiar with the methods used in the administration of industrial dispensaries, their personnel and equipment, a study of 90 New England plants was made by the National Industrial Conference Board.

The industries studied included abrasives, leather and tanning, metal trades, paper, rubber, shipbuilding, shoes, sporting goods and textiles. The number of plants visited in each industry varied from one to 50. Together these plants employed 317,000 persons, of whom 221,500 were men and 95,500 were women. The plants were situated in different industrial centers throughout the states visited and may be regarded as representative of these industries in New England. They are located as follows:

Connecticut	30
Massachusetts	50
New Hampshire	4
Rhode Island	6

Medical department statistics, as obtained by the Board, were:

Number of plants visited, 90.

Employes, 221,530 male; 95,495 female.

Physicians, full time, 37; part time, 63; on call, in addition to full time or part time men, 29.

Oculists, full time, 1; part time, 1.

Dentists, full time, 7; part time, 6.

Nurses, male, 22; female, 155; visiting, 27.

Other dispensary employes (exclusive of ambulance drivers or janitors), 34 first aiders, 43 clerks.

Number requiring physical examinations (in some cases to a limited extent), 25.

Responsible to: executive, 39; employment manager (includes personnel and welfare directors), 44; insurance company, 5.

Location of quarters: first floor, 50; second floor, 10; third floor, 8; fourth floor, 5; outside (in special building, office or service building), 15.

QUARTERS

As the majority of industrial dispensaries were erected to care for cases of injury within the plant during working hours, their arrangement and equipment had been planned with this end in view. In no case, however, was dispensary found that limited its work to industrial accidents. With few exceptions the tendency is to extend the work to other functions as rapidly as the need arises and the proper personnel can be secured.

The number of rooms varied from one to eight or ten. In most cases at least two or three rooms were used, although a large number of one-room dispensaries were found.

In some large plants there was a lack of branch dispensaries which, had they been provided, would doubtless have enabled more prompt attention to injuries, with a reduction in the amount of time lost either through visiting the dispensary or by failing to visit it. This was shown clearly in two adjoining

textile mills. One had 15,000 employes with one dispensary; the other had 1,800 employes with one main and three branch dispensaries. In the smaller mill the number of dispensary visits was relatively seven times that of the larger mill.

EQUIPMENT

With few exceptions the dispensary equipment seemed adequate for the character of work that was being done. The following constituted the average equipment found in the smaller dispensaries:

Instrument and supply cabinet.

Drug cabinet.

Solution basins.

Dressing table.

Foot rest.

Chairs.

Sterilizer.

Sink with hot and cold water.

One or more cots.

In addition there was usually found an operating table of simple design, a chair for eye cases and a tub for soaking foot injuries. Electric baking devices and single-bulb thermo-lamps were met with in many cases. In two plants a magnet equipment was found for removing particles of metal from the eye.

Thirteen dispensaries were equipped with X-ray machines. In the majority of cases light work only was done, such as long bone examination. In a few places complete work was done, dental and abdominal skiagraphs, as well as those of long bones, being taken. In several plants all cases needing X-ray examination were referred to an outside physician. The tendency in such an arrangement is to send only the more serious cases to be examined, thereby neglecting a large number of apparently small but important injuries. The usual charge for such outside service was five dollars per picture.

In one dispensary the sinks were located in the center of the room where the nurses and doctors could work from both sides. One end of this same dispensary could be made into two semi-private examining and dressing rooms by means of wide curtains on rollers attached to a framework higher than a man's head. When not in use the curtains were rolled up out of the way.

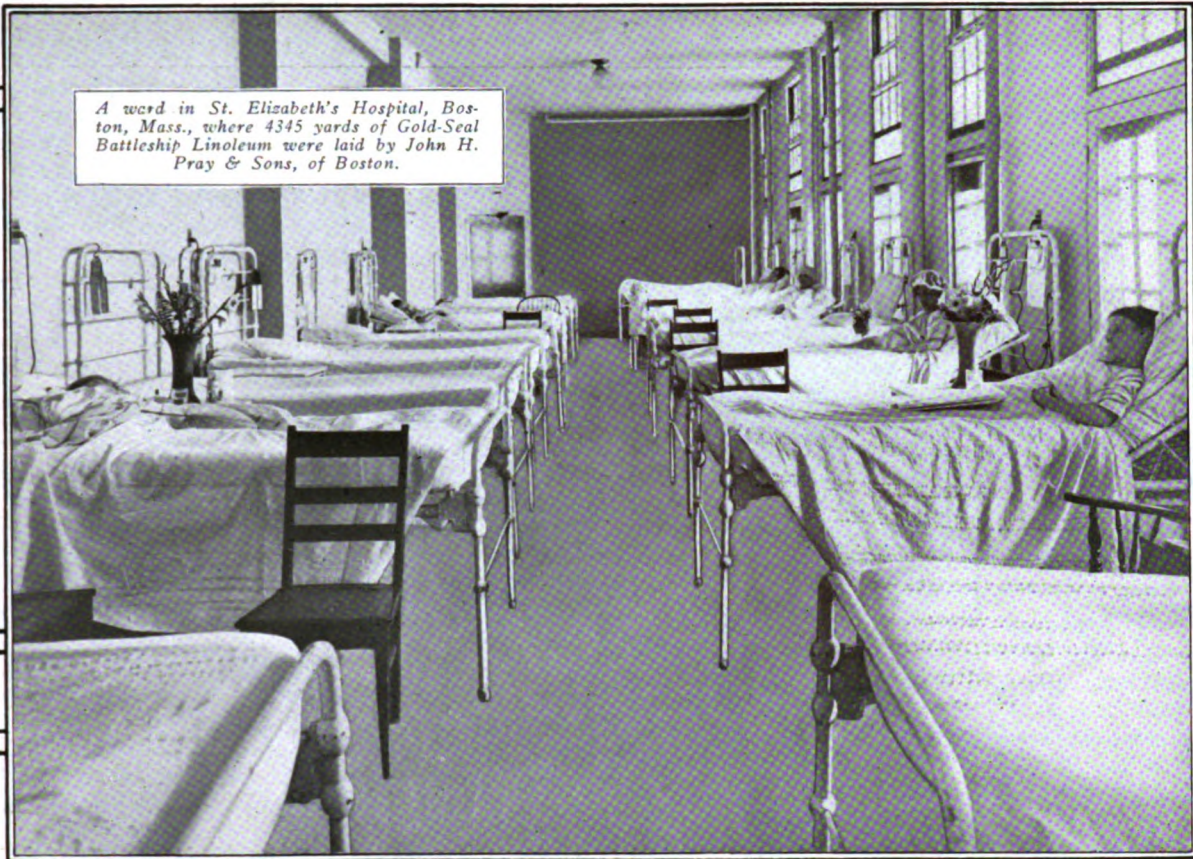
ARRANGEMENT OF EQUIPMENT

In another dispensary the work was all done in one large room, but the equipment was divided into units, each with its own dressing table and other supplies and instruments. There were units for eye, nose and throat, infections, and general dressings.

In another dispensary with two full-time physicians, each doctor had a separate office fully equipped for all ordinary work, and saw each patient in the strictest privacy.

In one plant a well-equipped laboratory was found where both clinical and bacteriological work was being done. In several other plants urinalyses

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were made as indicated, but the laboratory equipment used was meager.

In one large dispensary all first dressings of injuries are made in a room devoted to this purpose. The equipment and instruments used in this room are kept separate, and used here only, re-dressings being done in other rooms. The medical director reported that by this procedure infections were reduced to a minimum.

In one dispensary a "coryza room" was found. This was a booth about four feet square with a small electric stove and a vessel containing a solution of formalin, tincture of benzoin and aromatics which was heated until vapor arose. Any employee feeling that he was catching cold was at liberty to enter the booth and inhale the vapor for a few minutes. The physician at this plant advised that many colds had been aborted by this treatment. In this same department was a similar space where the employees could gargle their throats with antiseptic mixtures, thus further aiding in the early cure of colds and sore throats.

DRUGS AND SUPPLIES

Iodine was the disinfectant most generally used, with chlorazene and bichloride of mercury next in order. One case was found where iodine was not used. Gasoline, benzine, ether, alcohol and green soap were the cleansing agents most commonly used, and in about the order named. One dispensary used a high grade denatured alcohol only and claimed perfect results with it.

Ointments used were a great many, with possibly unguentine encountered the most often and ichthyol second. In a few cases Balsam of Peru was used on old granulating wounds.

Chlorine and bichloride of mercury were used most often for wet dressings. In six or seven plants Dakin's solution was used, but in one of these its use was not now so common as it was earlier in the year. Dichloramin-T was found in only one or two dispensaries.

Medicines dispensed varied from a few simple remedies for headache, colds, indigestion, constipation and dysmenorrhea to elaborate stocks. The general tendency seemed to be to reduce rather than augment the amount and kind of drug preparations given.

METHODS

In only one or two plants was an attempt made to cover all lines of medical supervision. In the great majority of plants such work was confined to emergency medical treatment in order that the employee might remain at work. If too ill to continue at his job he was sent home and advised to call his physician. In many plants the visiting nurse followed up the case in order to see that proper medical attention was procured by the employee or his family. In a few plants only did the nurses attempt to give more than friendly advice and suggestions regarding the care of the patient. In many cases the nurses stress the educational side of their home visiting work, endeavoring to build up the general tone of the home and community life of their employees.

In only one plant was an attempt made to furnish complete medical care for employees and their dependents, and in this instance no obstetrical work was undertaken and night calls were answered only in cases of emergency.

In some cases the industries offer free treatment to employees and their dependents so long as they are able to visit the plant dispensary. In the majority of plants, however, the medical supervision work is confined strictly to emergency relief.

In one city there was found a hospital of 100 beds capacity, owned and administered by a group of local establishments. Employees of these establishments and their families had first call on the services of the hospital staff, but when beds were available the needs of the public were considered. Provision was made for all forms of hospital work. There were medical, surgical, obstetrical and children's wards, and a well-equipped operating room. A well-patronized out-patient department was also maintained. Each industrial patient paid a fixed sum for treatment in this hospital, and the member corporations were assessed for the deficit according to the number of employees in each plant.

On account of this arrangement small first-aid rooms only were being maintained in the mills that were members of this hospital corporation. This hospital is said to be the only one of its kind in the country.

PERSONNEL

In 44 of the plants visited the medical department is responsible to the director of personnel, employment manager or other subordinate official. In four places a physician was in charge of the entire service department, which includes the medical work at the plant. In each of these cases one or more additional full-time physicians were attached to the dispensary. In thirty-nine cases the physician in charge of the medical work was directly responsible to the plant executive, and this arrangement seemed to work well.

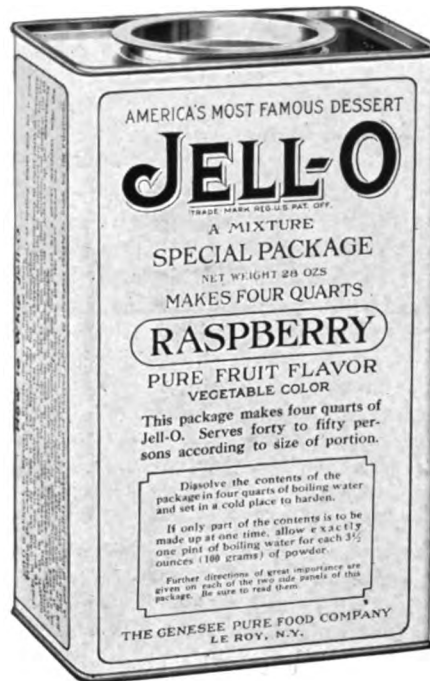
Out of 120 physicians found to be engaged in industrial work, thirty-seven were devoting all their time to it. This number included the four service managers mentioned above. Sixty-three others were giving part-time service to the work, varying from one or two hours per week to four or five hours per day. Twenty-nine physicians were regularly on call. In only three plants were physicians on call, in addition to those on a full-time or part-time basis. In one plant a full-time oculist was found and in another place a part-time oculist and a full-time optician were employed. In one factory a full-time physician constituted the entire personnel of the medical department.

In many plants, particularly in those where the medical department was a branch of the industrial relations department, the scope of the physician's activities was generally confined to the dispensary. Curative measures were stressed rather than preventive work. There was little opportunity for his influence to be felt in other departments, such as safety and sanitation, proper placing of workers, etc.

PART-TIME SERVICE

Part-time health service found was of two kinds. Either one physician visited the factory at stated times, daily or less often, or two or more physicians were at the plant during different hours of each day, insuring continuous or almost continuous medical attendance during working hours. In practically all places where such an arrangement was in force the doctor confined his activities to seeing such cases as passed through the dispensary. Few of them visited the factory or made an effort to check

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Our institutional size package represents the same standard of quality that has made our product such a favorite for so many years.

The Genesee Pure Food Company
Two Factories

Le Roy N. Y.

Bridgeburg, Ont.

up the employe and his job or to assist in the inauguration of accident or sickness prevention measures.

In five plants visited, the personnel was supplied and paid by the insurance company carrying the compensation policy of the establishment. This included full-time physicians in two places, a part-time physician in another, and in two other cases the nurse or nurses were supplied and paid by the insurance carrier. In one of these plants, in addition to the full-time doctor, the nurses, a full-time dentist, equipment and all supplies were furnished by the insurance company. This physician made physical examinations of all applicants for employment.

DENTAL WORK

Dental work in factories had been introduced in a number of plants and was being considered in a still larger number. Seven factories employed a full-time dentist and, in addition to part-time men; while five plants had dentists doing part-time work. The practices in this work was of three kinds, viz., free treatment; a moderate charge of twenty-five cents to fifty cents per treatment, depending upon the nature of the work done; and a fee from one-third to one-half below that regularly charged by dentists in their own offices. The character of work done varied from examinations alone to prophylactic work, and in one case covered all forms of dentistry, including crown and bridge work. An exceptional condition was found in one large mill where complete dental work by a full-time dentist was given free to all departments of employes up to the age of 14. No employe in this mill was permitted to use the dental facilities. In two plants, each with fewer than a thousand employes, first-class dental equipment and half-time dentists were established.

PHYSICAL EXAMINATIONS

In twenty-five of the plants visited physical examinations are required, in some to a limited extent. One plant examines only those applicants who are over 40 years of age, another makes only eye examinations; still others have the men examined by a male nurse for hernia and other gross lesions. An increasing interest is being taken in this subject, and several firms have advised that they will introduce physical examinations at an early date. In keeping with the findings of the Conference Board of Physicians in Industry, little or no opposition to the examination was reported. In one large factory examinations had been discontinued with a change of policy from that of self-insurance to commercial insurance. With this change of policy the physician advised that the need for examinations no longer existed.

In the majority of places where physical examinations were required, some effort was made to tie up the results of the examination with a job for which the applicant was hired rather than to use the findings merely to weed out undesirable applicants.

RECORDS

There was a lack of adequate records of the work of the dispensaries in many of the plants visited. In a few cases only were records found that were being used, or were capable of being used, to interpret the accident or sickness conditions in the plant.

In one case the nurse advised that workers from certain departments were not permitted to visit the dispensary if a record of their visit was made. The reason for this extraordinary proceeding being that the cost of maintaining the dispensary was distributed among the departments in proportion to the number of dispensary visits by employes of each department. Needless to say, it was reported by the nurse that there were many cases of infection in this plant.

When the value of adequate records was shown, there was a willingness in many plants to adapt their present methods to suggestions made.

In a few cases rather complete records were kept, but were not utilized to their full value. In only one plant visited were the hospital records regularly published.

SOCIAL AND EDUCATIONAL ACTIVITIES

In many cases activities of a social character were being supervised by the medical department personnel. The nurse frequently served as matron and advisor to the female employes. In four plants day nurseries had been established under the supervision of the works physician. Certain functions in the administration of the mutual benefit associations were frequently delegated to the doctor or nurse. The works physician is frequently the one employed by the mutual benefit association to look after the welfare of its members. Sanitary supervision of toilets, lockers, rest rooms, cafeterias, etc., was frequently included in the duties of the medical personnel. In several instances the nurses made regular factory inspections, criticizing conditions found, the various departments being held up for comparison in order to stimulate improvement in the general sanitary condition of the plants.

In three plants the physician talked regularly to male employes, and the nurse to female employes on matters of personal and sex hygiene, home and community standards of living, etc. In addition leaflets touching on the same subjects were prepared for distribution in pay envelopes.

In one plant the physician and nurses carried on extensive prenatal work. All pregnant employes were sent away from the shop at the end of five months' pregnancy, and the physician and nurses gave them care and advice from then until time of delivery. The physician did not attend the case in delivery as the company doctor, but would take it as a private physician.

CONCLUSIONS

Judged by the experience gathered among New England industries, the value of certain phases of industrial medical work is quite fully recognized. With few exceptions plans were under way for an expansion of the work, either by adding to the quarters, the staff or the character of the work done. In many cases recent enlargement of the work had been accomplished. In one plant an eight-room department was being equipped to care for the work now being done in one room no longer than ten by twelve feet. There were other cases of a similar nature.

Plan New Hospital Building

A fund of \$150,000 recently was raised for a new hospital building at Bristol, Tenn. S. H. Thompson was general chairman of the campaign.

Sherman's Polyvalent Vaccines

A more adequate and rapid immunity can be established with polyvalent vaccines than from an infection itself. SHERMAN'S POLYVALENT VACCINES rapidly stimulate the metabolism and defense of the body with a resultant prompt recovery in general acute infections.

Given early, bacterial vaccines almost invariably cut short the common pyogenic infections of the skin, mucosae, joints and tissues;

Administered in advanced cases, they usually ameliorate or abbreviate the course of the disease;

Even when used as a last desperate expedient, they often reverse unfavorable prognoses.

The immunizing powers of stock vaccines are demonstrated by the prophylactic efficiency of typhoid vaccine. Bacterins made from selected, vigorous organisms are far higher immuno-producers than autovaccines prepared from feeble, degenerated organisms sometimes found in the patient's own specimens. Especially in acute cases, the PROMPT injection of a stock bacterin is decidedly preferable to the DELAYED injection of an autogenous one. The place for autovaccines is in chronic infections which fail to clear up

under stock bacterins due to the probable presence of some unusual bacterium.

Advanced inflammatory processes due to only one class of bacteria are rare, mixed infections being the rule. Therefore, COMBINED VACCINES, containing all strains likely to be present, give the best assurances of success; an unneeded variety of the bacterin is harmless and in no way weakens therapeutic response.

Thus the favorite invaders of the nose and throat are the pneumococcus, the streptococcus, the staphylococcus and the micrococcus catarrhalis, calling for Sherman's No. 40, and in chronic cases—when there is a foul odor; produced by the Friedlander bacillus—Sherman's No. 36. In visceral infections, due chiefly to the colon bacillus with the pus cocci, Sherman's No. 35 is appropriate. In Neisser infections, if these organisms are not already allied with the gonococcus, the imminence of their entrance is so great that the rational combination is Sherman's No. 49.

When, particularly in grave cases, valuable time may be lost in securing the variety of vaccine especially recommended, it is always advisable to use the vaccine at hand which contains the predominant organism of the disease to be combated.

Sherman's 10 mil. Container

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

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Textile Mills Far Behind in Orders

"Buy Now, If You Want Sheets Early" Is Advice to Hospital Superintendents; News of the Markets

Textile mills are from three to four months behind in orders, according to jobbers catering to hospitals and institutions, whose advice to buyers is to purchase sufficient material for from three to five months' supply or else run the risk of having to wait for a considerable period when in immediate need.

One jobber cited as an example of the textile situation the fact that when he endeavored to obtain 300 dozen pillow cases on a rush order he was turned down by four mills which refused to promise delivery before September, while the fifth by special effort promised to try to have the order ready in four weeks.

MANUFACTURERS SOLD FAR AHEAD

The great demand for sheets and pillow cases has resulted in the manufacturers' being sold far ahead and deliveries on recent orders were not promised until October.

Hospitals and institutions are buying to a very satisfactory extent, this jobber reported, the orders coming with such rapidity as to make a creditable total, although individually they are small. There has not been any material change in the price of sheets or pillow cases in the last two months, although at present the quotations are less than half what was asked five months ago. A satisfactory grade of sheet, 63x99, was priced at \$13.02 a dozen, and a better grade at \$14.38. Pillow cases, 45x36, ranged from \$5.62 to \$4.06, although there was a cheaper item marked at \$3.39.

Because of the present condition of the mills in the face of the continued demand, it was pointed out that there can be no marked change in prices for some time and buyers were advised to purchase supplies for a short period to be assured they would have the goods delivered within a reasonable time. A 3 or 4 months' supply was suggested as a quantity that could be purchased with safety, as regards possible change in price, and that also would insure a stock when needed.

Sheeting and muslin were other items of which there was a comparative shortage, while bed spreads were difficult to obtain.

BLANKETS MORE PLENTIFUL

Blankets were rather plentiful, with no change in price over two or three months, but jobbers look forward to an increase when the cold weather approaches and the public begins to buy. It was pointed out that mills have not been running up to capacity and they have been able to supply the demand partly because of the slowness of the public to purchase. When people and institutions start ordering a sufficient quantity to cover their needs, this demand will quickly absorb the supply available and the shortage will mean higher quotations.

There has been a great activity on the part of hospital and institutional buyers in the canned goods field lately, according to jobbers in these lines, due to the low prices at which old packs are offered. As a result the 1920 pack is being rapidly cleaned up. One jobber reported having sold more canned goods in a few months than in the previous year.

Cherries, strawberries, apricots and peaches were cited as items that will be short this year because of crop damage and the financial situation of some canners. Indications are that the entire 1921 pack will

be short, but in spite of this future quotations noted recently were extremely low, all things considered.

Because of the inability of packers to quote a price in keeping with the cost of production, corn acreage has been curtailed. Peas will be more plentiful, although the crop conditions are not as favorable as they might be. Many tomato canners have discontinued operations, it was reported, because of adverse conditions.

SUGAR REACHES LOW MARK

With a big surplus of sugar on hand, prices of this commodity reached an unusually low mark recently and indications were that it would not advance to any extent until demands for preserving and canning come in.

In the hospital supply field, many lines were stationary during the past month, particularly glassware, rubber goods and enamel ware. Some jobbers asserted that manufacturers had guaranteed against any further decreases in prices in these lines during the remainder of the year. Items were much easier to obtain than formerly.

Cotton and gauze were reported to have made a slight advance, but not enough to justify a change in prices on the part of the jobber.

Buying in these lines was reported to be increasing.

Some Recent Books

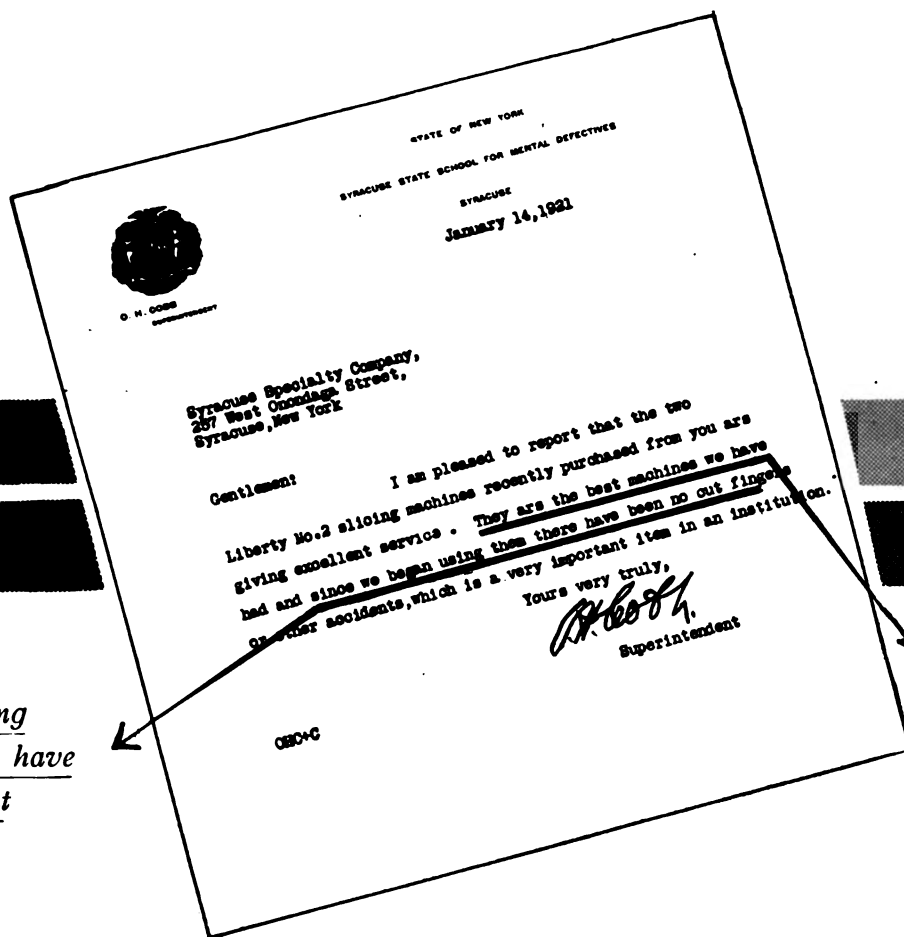
Brief Reviews of Publications of Interest to Hospital Executives

TEXT OF NURSING PROCEDURES, by Anna C. Jamme. Published by The Macmillan Company, New York.

This book gives a series of forty-one demonstrations in practical nursing. An illustration accompanies the directions to the pupil in each nursing procedure. The demonstrations are graded and are intended to be given in order in connection with instruction on the reasons for carrying out the various methods described. The book is planned to serve as a companion to a nursing manual in classroom instruction.

A TEXT-BOOK OF NURSING PROCEDURE FOR HIGH SCHOOLS, by Amy Elizabeth Pope. Published by G. P. Putnam's Sons, New York.

"Every woman should have some knowledge of the methods used in caring for the sick and of first aid treatment required in common emergencies and, if these essentials are not taught in the schools, the great majority of women will never know them." This introductory sentence to Miss Pope's latest book outlines the reason for its appearance and indicates that the reader may expect to find the various subjects treated in elementary, non-technical form. Miss Pope begins with the equipment of the demonstration room, care of sick room and of commonly used utensils and carries her readers through rudimentary nursing, such as moving of patient, bed making, essentials for a patient's comfort, etc., through sixteen chapters of procedures.



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them there have
been no cut
fingers"

"They are the
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we have had"

Don't Waste a Crumb—

The Liberty Bread Slicer slices bread with an even thickness or thinness and not a crumb is wasted—nor does it matter what shape loaf it is—the LIBERTY will slice it. And the expense is not great. Don't take our word for it—ask any Liberty user.

*Wouldn't you like to know more about it?
Ask us. No obligation on your part.*

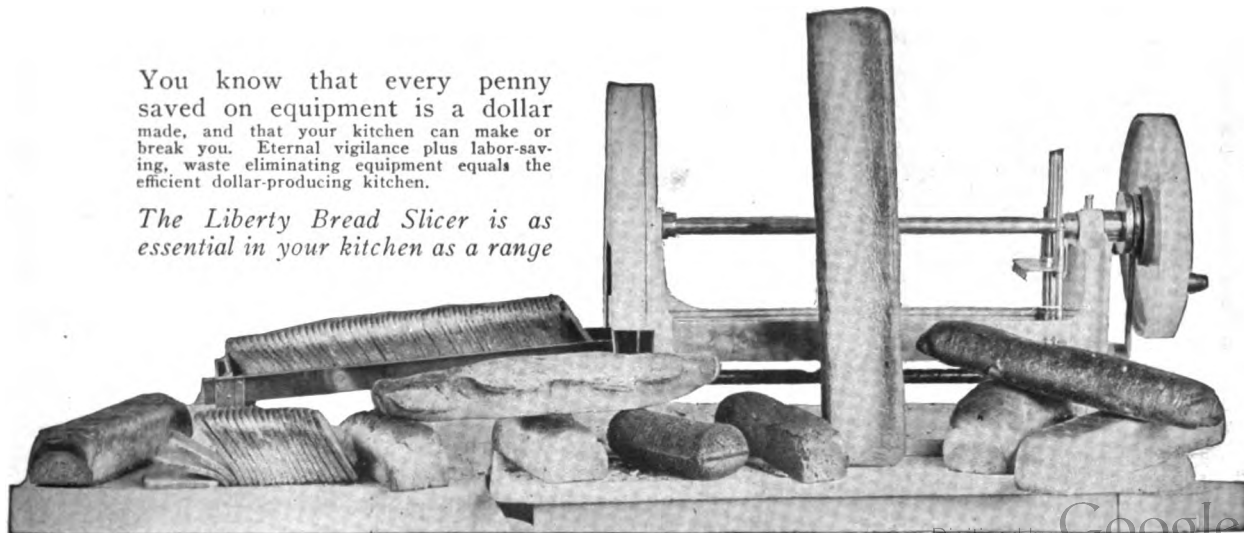
Liberty Bread Slicer, Inc.

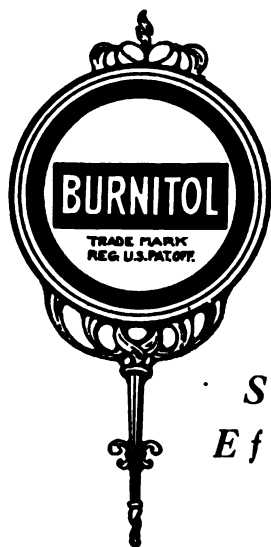
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ested. Write your name and address of
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Hospital Day Pioneers

(Continued from page 44)

Kneipp Sanitorium, Rome City, Ind.
St. Mary's Mercy Hospital, Gary, Ind.
Home Lawn Sanitarium, Martinsville, Ind.
Woman's Southern Homeopathic Hospital, 739 S.
Broad St., Philadelphia, Pa.
Palo Alto Hospital, San Francisco, Cal.
Red Cross Hospital, San Francisco, Cal.
Moline Lutheran Hospital, Moline, Ill.
St. Elizabeth Hospital, Dayton, O.
Irene Byron Tuberculosis Hospital, Ft. Wayne,
Ind.
St. Joseph's Hospital, Bloomington, Ill.
Middletown Hospital Middletown, O.
Marine Hospital Louisville, Ky.
Government Hospital, Cincinnati, O.
Jay County Hospital, Portland, Ind.
Broome County Tuberculosis Hospital, Chenan-
go Bridge, N. Y.
Barnert Hospital, Paterson, N. J.
St. Joseph's Hospital, Paterson, N. J.
Clark Hospital, South Bend, Ind.
St. Mary Hospital, Pueblo, Colo.
Memorial Hospital, Greenburg, Ind.
Grant County Hospital, Marion, Ind.
Hamot Hospital, Erie, Pa.
Memorial Hospital, Connersville, Ind.
Municipal Hospital, Toledo, O.
St. Vincent's Hospital, Toledo, O.
Mercy Hospital, Toledo, O.
Maternity Hospital, Toledo, O.
Cresson Sanatorium, Johnstown, Pa.
Mercy Hospital, Johnstown, Pa.
Memorial Hospital, Johnstown, Pa.
Easton Hospital, Easton, Pa.
Providence Hospital, Beaver Falls, Pa.
Beaver Valley General Hospital, Beaver, Pa.
Alliance City Hospital, Alliance, O.
St. John's Hospital, Joplin, Mo.
Boone County Hospital, Columbia, Mo.
Parker Memorial Hospital, Columbia, Mo.
Cadwell Hospital, Poplar Bluff, Mo.
Altoona Hospital, Altoona, Pa.
Mercy Hospital, Altoona, Pa.
Dee Hospital, Salt Lake City, Utah.
Ogden Hospital, Salt Lake City, Utah.
St. Louis Children's Hospital, St. Louis, Mo.
Christian Hospital, St. Louis, Mo.
Public Health Service Hospital, No. 35, St. Louis,
Mo.
St. John's Hospital, St. Louis, Mo.
St. Luke's Hospital, St. Louis, Mo.
Jewish Hospital, St. Louis, Mo.
Robinwood Hospital, Toledo, O.
St. Joseph's Infirmary, Houston, Tex.
St. Joseph's Hospital, Memphis, Tenn.
Marine Hospital, Memphis, Tenn.
St. Luke's Hospital, Fargo, N. D.
St. John's Hospital, Fargo, N. D.
St. Michael's Hospital, Grand Forks, N. D.
Deaconess Hospital, Grand Forks, N. D.
St. Alexius Hospital, Bismarck, N. D.
Longcliff Hospital, Logansport, Ind.
Northern Indiana Hospital for the Insane, Lo-
gansport, Ind.
Palmer Hospital, Logansport, Ind.

Maintenance Costs

The maintenance cost of the hospital involves such serious expenditure that the utmost economy must be constantly maintained.

Nevertheless, efficiency should never be sacrificed to economy, for any impairment of the hospital service is attended with results inimical to the interests of the community it serves.

The importance of sanitary cleanliness has ever been advocated by the hospital, and that sanitary cleanliness can be constantly maintained with efficiency and economy is demonstrated in thousands of hospitals by the use of



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When used in the dishwashing machine crystal clear glassware and faultlessly clean china and silver result. Table tops, floors, unpainted woodwork and all kinds of metal equipment can be kept clean and sanitary by this cleaner.

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This truck actually keeps the contents piping hot (or ice-cold, in the proper compartment) and assures the delivery of all food to patients in a palatable condition, without the difficulties connected with the use of hot water.

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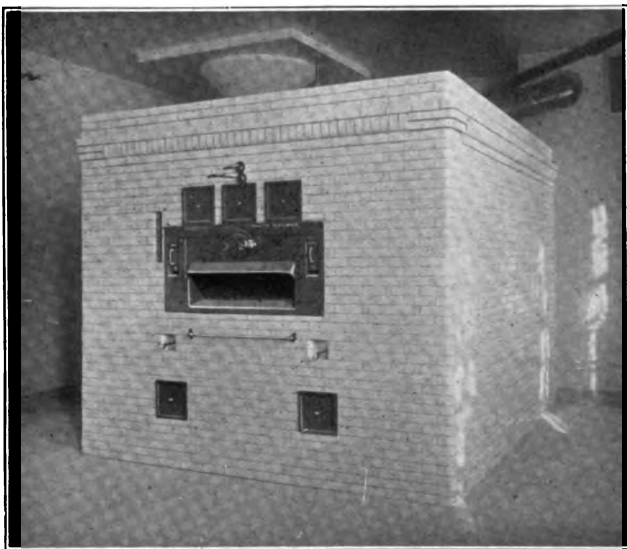
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Needs a real bakery oven. Why? For such practical reasons as these:

1. It will enable you to produce your own bread in any desired quantity, and of the highest quality.
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3. It will provide the best method of baking not only bread, but rolls, cakes and pastry.

Why a "Helm-Built"?

"There's a Reason" why the famous "Helm-Built" oven, the kind that hundreds of bakers use, is the best oven for the hospital, small or large.

In fact, there are several reasons. Use the coupon and find out the advantages of a real bake-oven—it will cost you nothing to investigate, and may enable you to save substantially for your hospital.

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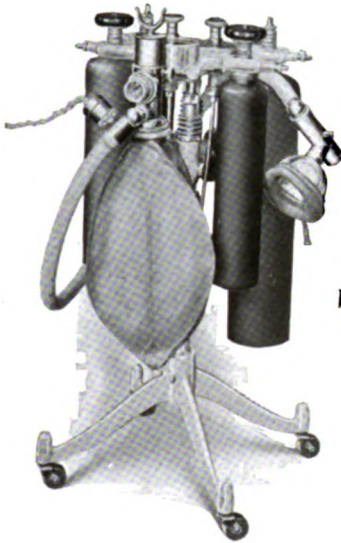
Hospital City

Ann May Memorial Hospital, Spring Lake, N. J.
St. Luke's Hospital, Jacksonville, Fla.
Douglas Hospital, Douglas, Wyo.
Shaw Hospital, Elko, Nev.
St. Luke's Hospital, St. Paul.
St. Joseph's Hospital, St. Paul.
Kalispell General Hospital, Kalispell, Mont.
Miles City Hospital, Miles City, Mont.
Columbus Hospital, Great Falls, Mont.
Deaconess Hospital, Great Falls, Mont.
St. Vincent's Hospital, Billings, Mont.
St. John's Hospital, Helena, Mont.
St. Peter's Hospital, Helena, Mont.
Bozeman Deaconess Hospital, Bozeman, Mont.
St. Joseph's Hospital, Deer Lodge, Mont.
St. Ann's Hospital, Anaconda, Mont.
Frances Mahan Deaconess Hospital, Glasgow, Mont.
Northern Pacific Hospital, Missoula, Mont.
St. Patrick's Hospital, Missoula, Mont.
Glendive General Hospital, Glendive, Mont.
Grace Hospital, Glendive, Mont.
Northern Pacific Hospital, Glendive, Mont.
St. Joseph's Hospital, Lewistown, Mont.
Soldiers' Home Hospital, Danville, Ill.
Naeve Hospital, Albert Lea, Minn.
Ladies' Hospital, Albert Lea, Minn.
City and County Hospital, Albert Lea, Minn.
Western Pennsylvania Hospital, Pittsburgh, Pa.
South Highland Infirmary, Birmingham, Ala.
St. Vincent's Hospital, Birmingham, Ala.
The Hillman Hospital, Birmingham, Ala.
Norwood Infirmary, Birmingham, Ala.
Hale's Infirmary, Montgomery, Ala.
Florence Memorial Hospital, Florence, Ala.
Mary Elizabeth Hospital, Talladega, Ala.
John A. Andrews Memorial Hospital, Tuskegee, Ala.
Cottage Home Infirmary, Decatur, Ala.
Red Mountain Tubercular Sanatorium, Birmingham, Ala.
Charity Hospital, New Orleans.
City Hospital for Mental Diseases, New Orleans.
Eye, Ear, Nose & Throat Hospital, New Orleans.
Indiana State Hospital for Epileptics, Newcastle, Ind.
Home Hospital, Lafayette, Ind.
Reid Memorial Hospital, Richmond, Ind.
Muncie Home Hospital, Muncie, Ind.
Kings Daughters' Hospital, Madison, Ind.
St. Margaret's Hospital, Hammond, Ind.
Good Samaritan Hospital, Vincennes, Ind.
Methodist Episcopal Hospital, Indianapolis, Ind.
U. S. P. H. S. Hospital, Buffalo, N. Y.
U. S. P. H. S. Hospital, Cleveland, Ohio.
U. S. P. H. S. Hospital, Detroit, Mich.
U. S. P. H. S. Hospital, Evansville, Ind.
U. S. P. H. S. Hospital, Key West, Fla.
U. S. P. H. S. Hospital, Louisville, Ky.
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It responds instantly to any desired change in volume and accurately controls the delivery of the gases separately or in fixed proportions. This is a feature of great importance.



With the S. S. White Apparatus the operator may maintain continuous analgesia with the conscious co-operation of the patient, or surgical narcosis with any desirable degree of relaxation. Thus it is perfectly satisfactory for minor or major surgery, obstetrical work or for wound dressing.

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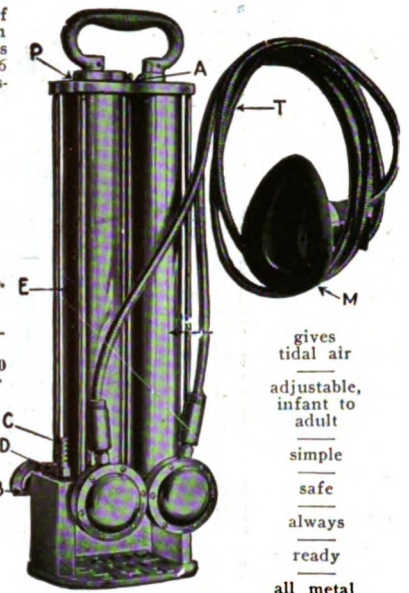
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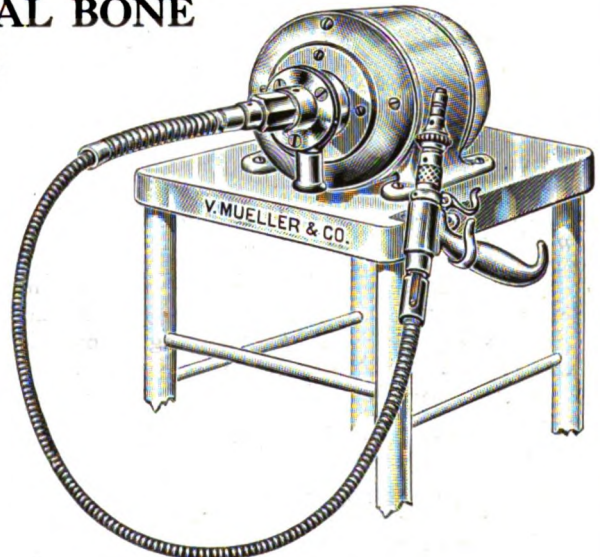
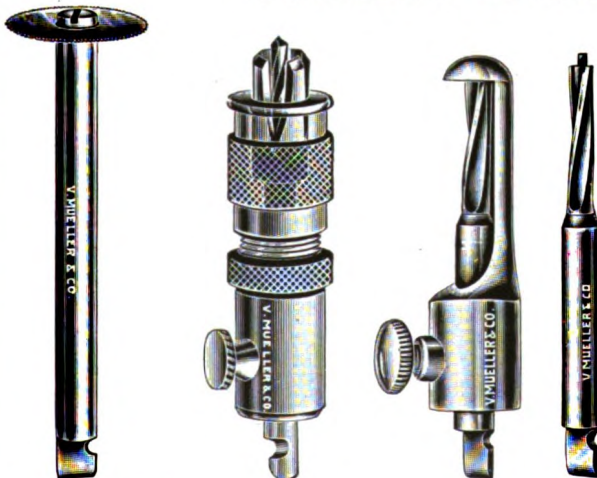
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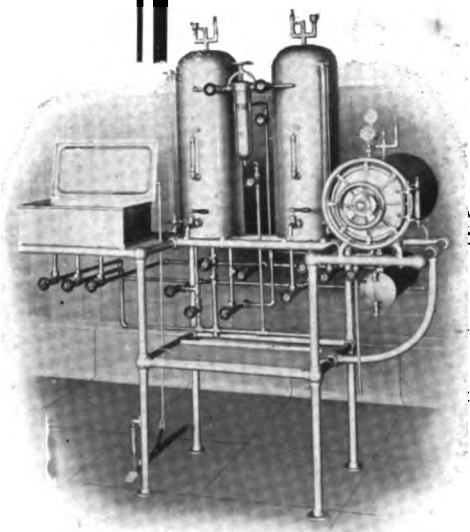
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State Hospital, Agnew, Calif.
St. Luke's Hospital, Fargo, N. D.
St. Anthony's Hospital, Oklahoma City.
Toledo Hospital, Toledo, O.
William W. Backus Hospital, Norwich, Conn.
Lawrence and Memorial Hospital, New London, Conn.
Stamford Hospital, Stamford, Conn.
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Chas. B. Rexford, President

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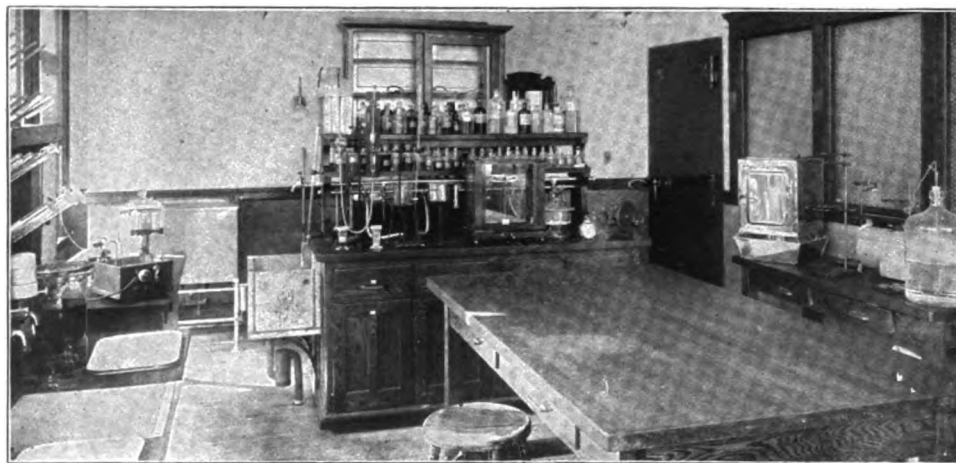
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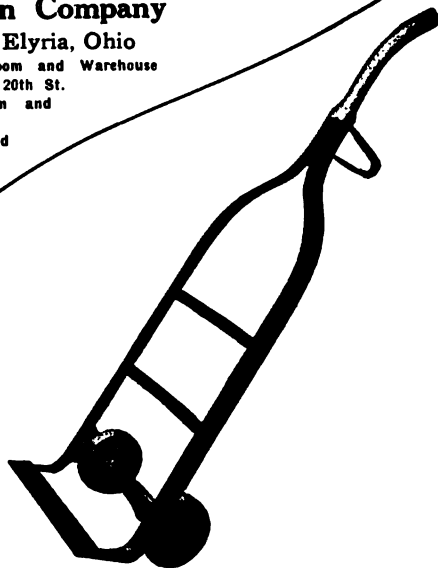
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The Question Box

Problems in Hospital Administration Dealt With From the Practical Side

TO THE EDITOR: Please furnish us with a list of foods which come under the following classes:

General diet. Semi-solid diet. Liquid diet.

MISSOURI SUPERINTENDENT.

The Presbyterian Hospital, Chicago, of which Miss Rose Straka is dietitian, has evolved the following schedule of diet lists, copies of which have been sent to a number of other hospitals on request.

LIQUID DIET

Oz. 6-8
q. 2 hours.
Milk.
Broths
Kumyss
Buttermilk
Cocoa
Coffee
Tea
Albumen Water
Riceina
Egg-nogs
Milk Punches
Lemonade
Orangeade
Ginger ale
Seltzer water
Cream
Milk diet
oz. 8 q. 2h.
when patient
is awake

TYPHOID DIET

Soft—1st week
A glass of milk
with each meal.
Coffee for breakfast
Tea for supper
Milk toast
Eggs lightly boiled
Eggs poached
Cereals (well cooked
and strained)
Broths (chicken
meat and oysters)
Scraped beef
Bread (without crust)
Ice Cream (without
fruit)
Juice of orange
2nd week—add:
Dry Toast
Baked potatoes
Baked apples
Asparagus
Chops
Steak
Chicken
White fish
Rice
Farinaceous puddings
Milk soup puree
No vegetables, pastry
or raw fruits
Liquid diet at:
6 and 8 A. M.
3 and 8 P. M.

GENERAL DIET: Includes practically all foods, except those that are most indigestible, such as rich pastries; excessively sweet foods; such meats as pork, liver, sausages; such vegetables as corn, baked beans, cabbage, or any highly seasoned foods.

SOFT DIET

Glass of milk with
each meal
Coffee for breakfast
Tea for supper
Soups (vegetable soup
strained)
Purees and milk
soups
Bread (without
crust)
Milk toast
Gravy toast
Eggs, soft boiled
and poached
Cereals
Rice
Custard
Milk puddings
plain
Potatoes—mashed
Potatoes—baked
Oysters
Apples—baked
Apple sauce
Prunes—stewed
Stewed fruit (without
seeds)
Liquid diet at:
6 and 10 A. M.
3 and 8 P. M.

LIGHT DIET

Includes soft diet
with the addition of
toast
Bread
Steak
Chops
Chicken
White fish
Codfish
Finan haddie
Bacon
Scraped beef
Stewed fruit
Vegetables only
when ordered by
doctor.
Squab
Quail
Sweetbreads
Cream
Liquid diet at:
6 and 10 A. M.
3 and 8 P. M.



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Pope's Manual of Nursing Procedure.

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Pope's Quiz Book for Nurses.

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In four volumes. Illustrated volumes 1 and 2, price \$7.50. Volumes 3 and 4, price \$7.50.

Dock and Stewart's Short History of Nursing.

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Has all the words the nurse needs to know. 300 pages. Cloth, price \$1.50. Flexible Leather, Thumb Index, price \$3.00.

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Educational Department

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New York

Michigan Hospital Association

(Continued from page 41)

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D. W. Springer, Mrs. Herbert S. Mallory, University Homeopathic Hospital.

Dr. C. G. Parnall, Rena S. Eckman, Eva S. Schairer, Robert G. Greve, D. M. Morrill, Imogene Poole, University Hospital.

DETROIT

Dr. J. Ward Wickersham, Samaritan Hospital.

Nora G. Robinson, R. N., Dr. Stewart Hamilton, Harper Hospital.

Dr. E. F. Collins, Dr. W. L. Babcock, Grace Hospital.

Helen M. Fitzpatrick, Delray Industrial Hospital.

Dr. Rebecca B. Mayers, Dr. Alice M. Deane, Detroit Osteopathic Hospital.

Wilhelmina L. Weyhing, R. N., Dr. William Bailey, Elizabeth Robertson, Ethel Plumb, Dr. Wadsworth Warren, Receiving Hospital.

Agnes D. Carson, Home Nursing Association.

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Hazel A. Goff, Mrs. Sidney C. Bradfield, William Kirchgessner, Jr., Blodgett Memorial Hospital.

Dr. Stephen L. O'Brien, St. Mary's Hospital.

Ida P. Coleman, Visiting Nurse Association.

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Mrs. C. R. Dengler.

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Charles E. Stewart, Battle Creek Sanitarium, Battle Creek.

Sister M. Patrick, Sister M. Leo, Mercy Hospital, Bay City.

Anna M. Schill, Hurley Hospital, Flint.

Mae Tompkins, Elizabeth Hatton Memorial Hospital, Grand Haven.

Rev. W. M. Puffer, D. D., Bronson Methodist Hospital, Kalamazoo.

Anna M. Coleman, Inspector Michigan Schools of Nursing, Lansing.

Grace D. McElderry, Hackley Hospital, Muskegon.

Josephine Halvorsen, R. N., Port Huron Hospital, Port Huron.

L. L. Matthews, R. N., Saginaw General, Saginaw.

Margaret Brown, Murielle Lyon, St. Johns Hospital, St. Johns.

Lettie E. Day, Beyer Memorial, Ypsilanti.

VISITORS

Mrs. Matilda W. Robinson, Health Cottage, State Normal College, Ypsilanti.

Dr. H. M. McCandliss, Hoihow, Island of Hainan, China.

Dr. W. J. V. Deacon, Epidemiologist, State Board of Health, Lansing.

Sister Mary Ursula, Mercy Hospital, Dubuque, Iowa.

F. E. Chapman, Mt. Sinai Hospital, Cleveland.

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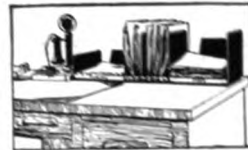
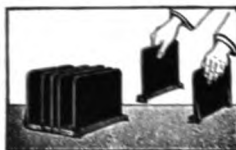
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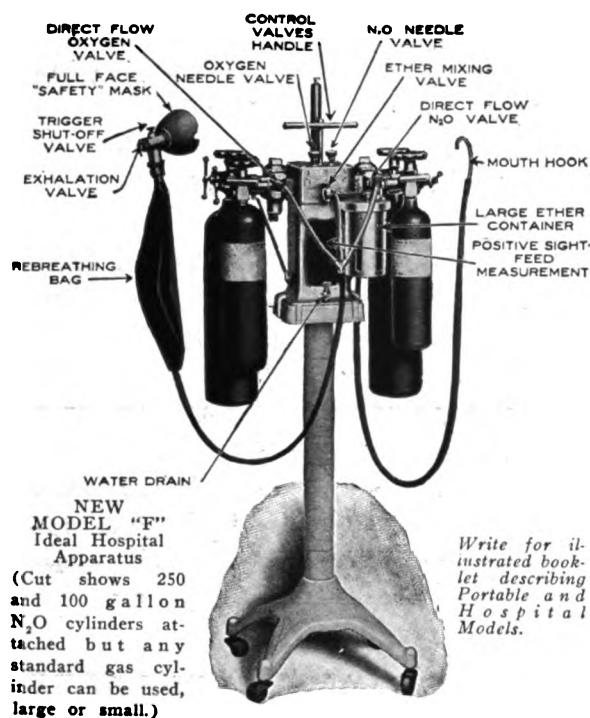
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Special Round Tables

(Continued from page 27)

equipment and methods, following an outline of some of the problems of this department by Miss Jamieson who conducted the round table, by pointing out that since food was thought of about 80 per cent of the time in the home it should be given a great deal more attention in the hospital. He suggested that dietitians should get into the wards more frequently, study the patients' likes and dislikes and discuss the menu with employes and others. The speaker said that a conference with the dietitians, chef and one or two others from time to time would obviate a great deal of criticism and make every one better satisfied with the food.

Miss Dorothy Neer, Springfield City Hospital, answered a question relative to the Toledo conveyor by saying that she found it kept the food hot and that a conveyor in serving private patients carried from 14 to 21 plates.

JOINT ROUND TABLE HELD

During the discussion as to whether any hospital served oleomargarine it developed that several speakers preferred oleomargarine and the assertion was made that oleomargarine has been specified by the purchasing department of the Cleveland babies' dispensary.

At the round table on joint hospital and nursing problems, held at the joint session Wednesday, Dr. E. R. Crew served as chairman for the first half of the discussion and Miss Kingston for the remainder.

One of the first questions asked was relative to advertising for nurse candidates. Four hospitals take this means of attracting girls, a count showed, and Mr. Pratt of Aultman Memorial Hospital, Canton, asserted that this publicity had brought some returns.

An inquiry relative to whether there is greater interest being evinced in nursing was answered by Miss Neer affirmatively.

Miss Thatcher told how high school girls interested in nursing were invited into Christ hospital during the vacation period to give them a better idea of the profession and to help them decide whether they would like to enter the nurses' school.

PAY OF HOSPITAL HELPERS

The question of hospital helpers' pay brought the information from a representative of Lakeside Hospital, Cleveland, that these employes at that institution receive \$55 a month and one meal a day. They work eight hours and live outside the hospital.

The old question of food service for nurses came up at this round table. Several institutions reported that they still were using cafeteria service because of the difficulty of securing help. Miss Logan, Cincinnati General Hospital, told of a plan under consideration there by which cafeteria service will govern the morning and noon meals, with dining room service for dinner. This plan, it was emphasized, is being investigated from all sides in the hope that it may prove feasible.

Miss Jamieson, reiterated points frequently made in favor of cafeterias—that this form of service means that the nurses' food is kept hot and they may get additional helpings with little delay.

In answer to a question as to what was being done to train nurses in social etiquette, several speakers told of teas, receptions and similar affairs that are held at frequent intervals.

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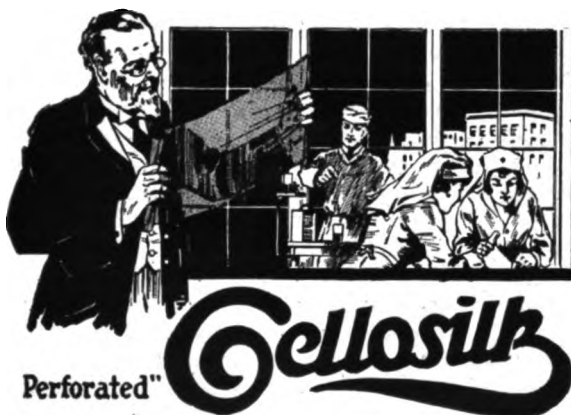
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81

The N. L. N. E. Convention

By Martha M. Russell, R. N., Superintendent, Nurses' School, University Hospital, Boulder, Colo., and Secretary, National League of Nursing Education.

The years have brought a certain sureness and skill in convention management to the National League of Nursing Education and the twenty-seventh annual meeting at Kansas City was under way promptly on Monday and every minute was occupied until after the special conferences on Friday afternoon.

Miss Jamme presided and gave her annual address and stressed the necessity of earnest effort lest the demands of the times find us wanting; the shortage of nurses, the small numbers of young women who are entering our schools, the problems of educating the public to our needs and opportunities were brought to our attention in her characteristic way.

On Tuesday the reports of committees showed an increase in membership, and valuable work done by the Isabel Hampton Robb Fund for scholarships, the public education committee, and the development of the Department of Nursing and Health.

Our National Headquarters has been functioning for a year, and has been of great service. They have moved into new offices at 370 Seventh avenue, New York.

TWO ARMY SCHOOLS CONTINUED

The Army School of Nursing reports that two schools are to be continued, one at Letterman Gen. Hospital, San Francisco, and the other at Walter Reed Hospital, in Washington, D. C.

Miss Noyes, director, department of nursing, American Red Cross, had recently returned from a trip of inspection of nursing activities in Europe and brought us a message of hope in that the people are making so sincere an effort to overcome their terrible difficulties; and a message of sadness in that so many thousands are so overwhelmed with misery that no recovery is possible. Our nurses are ministering to the desperate needs in Turkey and Albania and are helping to establish schools of nursing and public health work in Poland and elsewhere.

Very practical discussions on problems relating to the health of the students, mentally and physically, were discussed at the meeting on Thursday and valuable suggestions given toward helping our students to exemplify the health they teach. The actual experience in useful laboratories, improvised under stress of necessity was ably described.

MISS JAMME RE-ELECTED

The resolutions committee voiced the sentiments of the whole membership when it expressed very cordial appreciation of the courtesy and cordiality they had received in Kansas City.

The following officers were elected to serve for the coming year: President, Miss Anna C. Jamme, Sacramento, Cal.; first vice-president, Miss Laura Logan, Cincinnati, O.; second vice-president, Miss Carrie Hall, Boston, Mass.; secretary, Miss M. M. Russell, Boulder, Colo.; treasurer, Miss B. M. Henderson, Chicago. Directors for two years: Miss Ethel Clarke, Indianapolis; Miss M. C. McKenna, Columbia, S. C.; Miss S. L. Clayton, Philadelphia.

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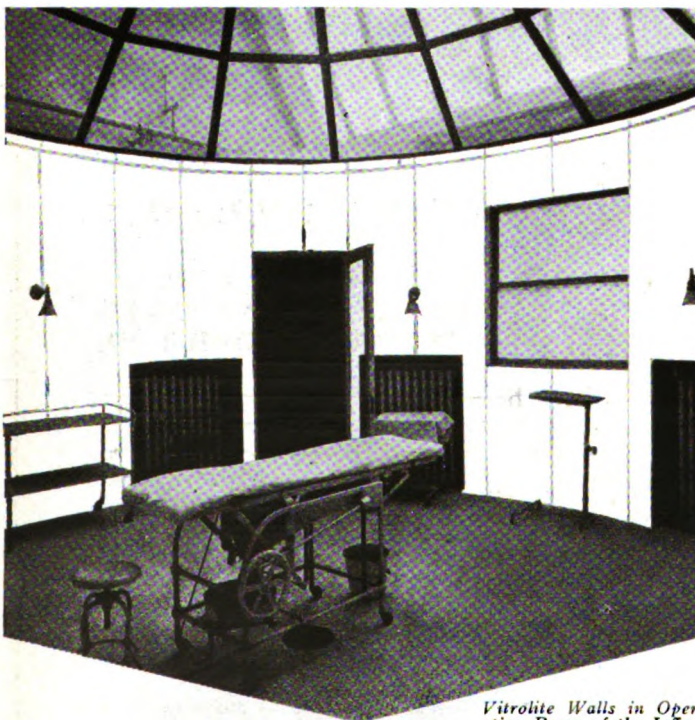
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(Continued from page 26)

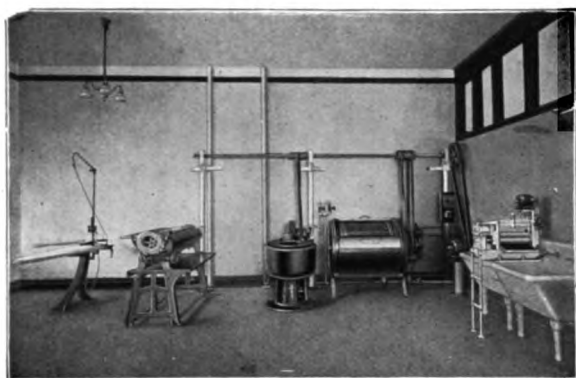
ought to keep in close contact with each department head and study their problems as they see them. He cited as an example some trouble that was had at a hospital because the patients were dissatisfied with the food. As a result of a visit to the ward the likes and dislikes of the patients were learned and a food cart wheeled in and an effort was made to give each person what was wanted. Then the cart was taken to another department and on its return a second helping of various foods was given to all who wanted them. That ended the trouble in that ward and the same system has been followed since.

In conclusion, Mr. Yearick asserted that the hospitals and nurses' schools have immeasurably improved and that no longer are girls exploited, consequently the past should be forgotten and the bright side of nursing be held before prospective nursing candidates.

Following luncheon the joint round table on hospital and nursing problems, which is reported elsewhere, was held and the convention adjourned. The two nursing organizations voted to meet with the Ohio Hospital Association in 1922.

The official registration list included:

- C. W. Leland, Department of Health, Columbus.
- Sister M. Mechtildes, Mercy Hospital, Canton.
- Sister M. Monica and Sister M. Amandeus, St. Joseph's Hospital, Lorain.
- Sister M. Francino, St. Ann's Maternity Hospital, Cleveland.
- Charlotte A. Frye, City Hospital, Alliance.
- Sister M. Brigid, St. Vincent's Charity Hospital, Cleveland.
- Sister M. Imolda, St. John's Hospital, Cleveland.
- F. O. Borg, Bethesda Hospital, Cincinnati.
- Miss Mary L. Margerum, Home Hospital, Findlay.
- Pearl G. Sutton, Monnett Memorial Hospital, Bucyrus.
- Irene M. Connors, Mount Carmel Hospital, Columbus.
- Mary Blythe Wilson, R. N., Rainbow Hospital, Cleveland.
- Hanna Driscoll, Prenette Walker, Steubenville.
- L. A. Burnstead, Delaware.
- B. S. Crulman, Ashtabula.
- Bess Galton, Mansfield.
- Katherine McConnell, Portage County Hospital, Ravenna.
- A. O. Bauss, Children's Hospital, Akron.
- Sister M. A. Penon and Sister Lapointe, St. Vincent's Hospital, Toledo.
- Sister M. Placida and Sister Mary Gertrude, Mercy Hospital, Hamilton.
- F. W. Diehm, Fairview Park Hospital, Cleveland.
- Sister Rosemary and Sister Marion, St. Ann's Hospital, Cleveland.
- Constance B. Webb, Lakeside Hospital, Cleveland.
- Beatrice McEvay, St. Vincent's Hospital, Cleveland.
- Sister M. Dolores, R. N., St. Elizabeth's Hospital, Youngstown.
- Alice Butler, M. D., Woman's Hospital, Cleveland.
- Sister Mary Cyril, Good Samaritan Hospital, Cincinnati.
- Sister Mary Emmanuel, Seton Hospital, Cincinnati.



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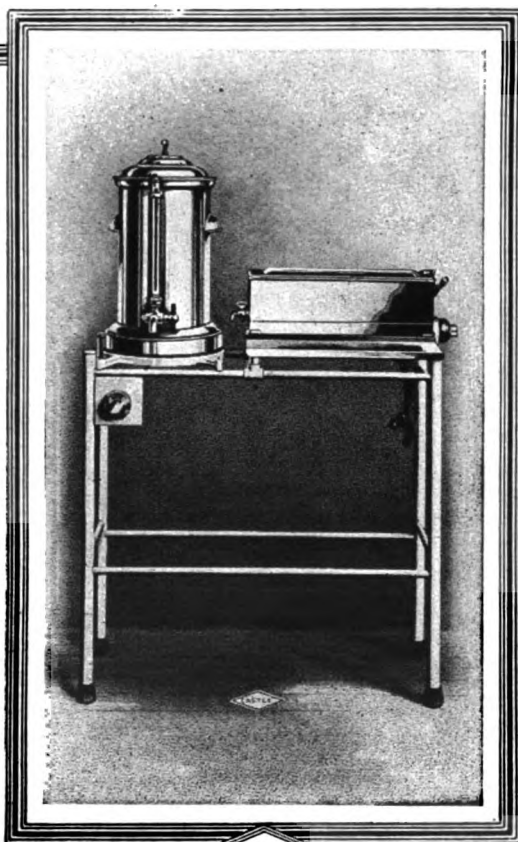
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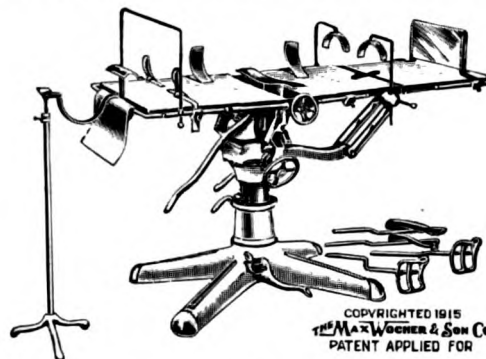
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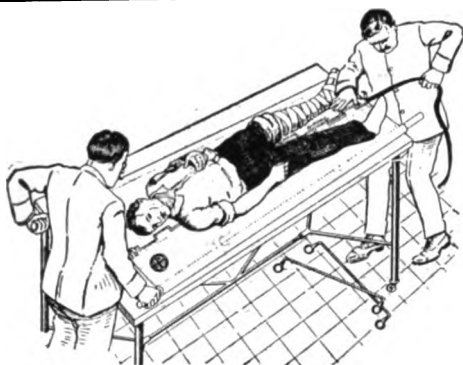
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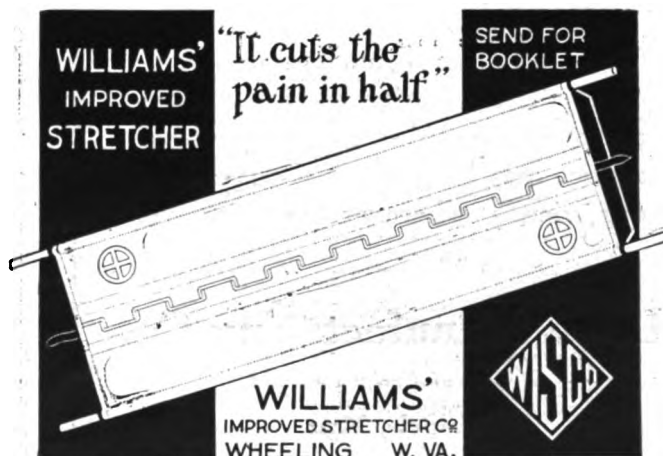
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B. C. Convention in July

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Miss E. I. Johns, R. N., will preside at the nursing sessions at which there will be three round tables on various phases of nursing, and a paper on nursing tubercular patients.

Dr. H. C. Wrinch, Hazleton Hospital, president of the Association, will preside at the evening sessions, July 6 and 7, which will be of a public nature, and at morning sessions of July 7 and 8. The afternoon sessions will be in charge of Dr. G. S. Purvis, on medical, and E. S. Withers, on business, respectively.

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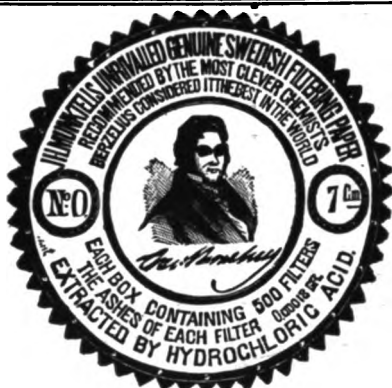
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WANTED — MALE SUPERINTENDENT for hospital. Capacity 125 beds. Experience necessary. Apply Surgical Chief, Atlantic City Hospital, Atlantic City, N. J. 6-21

WANTED—DIETITIAN, AT ONCE, 100-bed hospital. Apply Clearfield Hospital, Clearfield, Pa., stating full particulars in first letter. 6-21

WANTED—DIETITIAN, BY WISCONSIN hospital of 115 beds, to take charge of special dietitian's kitchen and three diet kitchens, and teach dietetics and chemistry in training school. Salary \$70 per month, with full maintenance. Address A-124, HOSPITAL MANAGEMENT. 6-21

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